
Overview

The Quality Improvement Program (Program) is an ongoing, comprehensive and integrated system designed to actively initiate, monitor and evaluate standards of health care practice and infrastructures essential to the delivery of quality clinical care and service to Georgia Medicaid and PeachCare for Kids members.

Quality Improvement Program

The goals of the Program are:

- To develop and maintain a well-integrated system that continuously measures clinical and operational performance, identifies the need for and initiates meaningful corrective action when appropriate, and evaluates the result of actions taken to improve quality of care outcomes and service levels.
- To establish a mechanism for the safe, culturally sensitive delivery of health care that not only promotes efficient, appropriate and effective use of resources, but also supports the physician-patient relationship.
- To ensure access to and availability of qualified and competent providers.
- To engage members in managing, maintaining or improving their current state of health.
- To provide a forum for members, providers and various healthcare associations and community agencies to provide suggestions regarding the implementation of the Program.
- To ensure compliance with standards as required by contract, regulatory statutes and accreditation agencies.

The Quality Improvement Program includes initiatives to ensure that members are receiving age-appropriate preventive health screenings and interventions to optimize health.

**Quality
Improvement
Participation**

The Quality Improvement Committee is charged by the Plan's Board of Directors with monitoring and evaluating the results of Program initiatives and initiating corrective action when the results are less than desired or when areas needing improvement are identified.

Current Program activities which involve network-contracted providers include, but are not limited to:

- Review of member medical records focusing on patient safety, continuity and coordination of care practices;
- Review of physician office site;
- Review of member quality complaints and adverse, unexpected events;
- Review of office site accessibility and availability;
- Participation in quality improvement and utilization management activities. Within the scope of the program, providers are required to:
 - Cooperate with QI Activities;
 - Allow WellCare, or its representative, access to medical records without a fee, to the extent permitted by state and federal law; and
 - Maintain the confidentiality of medical records.
- Participation on focused performance improvement initiatives, such as improvement of well child visit rates, immunizations and lead screenings, as appropriate. Studies will also be conducted on the accessibility, availability, efficiency, safety, efficacy, appropriateness, effectiveness and continuity of the patient care and services; and

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- Completion of the re-credentialing process.

The results of all reviews are maintained in a centralized database for reference during physician re-credentialing and/or provider re-contracting.

Physician Involvement

The Program seeks out and invites input from the physician community regarding Program implementation. Georgia licensed physicians are members of the following Program committees:

- Credentialing Committee
- Utilization Management Medical Advisory Committee

Provider input is also integral to the development of Preventive Health Guidelines, Clinical Practice Guidelines, Performance Improvement Projects and Disease Management Programs.

Medical Record Review

The Program incorporates periodic screening of the medical record to assure compliance with medical record documentation standards and also clinical practice guidelines for health screening and high-risk diagnoses such as diabetes and asthma. A Plan representative will make an appointment to assess for these items in the physician's office.

Upon completion of the review, a summary of findings will be created and shared with the physician. If opportunities to improve guideline compliance or record documentation are identified, a plan of action will be instituted. A corrective action plan is required for deficiencies.

Please refer to the **Medical Record Tools** section of this handbook for additional information regarding documentation standards and requirements.

Regulatory and Accreditation Agency Review of Medical Records

Providers contracted with the Plan are required to participate in all quality improvement functions and tasks as may be required by regulatory and accreditation agencies, including the Georgia Department of Community Health (DCH), and the External Quality Review Organization (EQRO). These activities may include, but are not limited to

- Compliance with request for medical record review for quality improvement studies and audits;
- Cooperation with quality improvement initiatives related to collaborative projects;
- Cooperation with efforts to improve care for chronic disease and/or preventive care measures;
- Compliance with requests for information and recommendations formulated by DCH and EQRO in the process of reviewing/resolving beneficiary and/or provider complaints.

These agencies may also perform annual audits. Providers will need to copy office records for these audits. It is very important that any time a copy of a record is requested the entire record is sent.

Patient Safety Program

WellCare is committed to offer a network of providers that ensure the safe delivery of clinical care to its members. WellCare's Patient Safety Plan exists to establish the framework for demonstrating this commitment. Through execution of standardized internal processes, policies, procedures and the collaborative participation of providers, WellCare seeks to promote improvement in network clinical safety.

WellCare's active patient safety program goal includes fostering a supportive environment to provide improved patient health care and safety through reduction in avoidable medical errors. Some objectives of WellCare's Patient Safety program include, but are not

limited to:

- Support of and ongoing collaboration with participating health care providers to encourage and endorse patient safety activities;
- Continuous performance monitoring and review of quality indicators against national patient safety benchmarks; and
- Provider education about safe practices.

Through tracking and trending of relevant Plan metrics, WellCare can identify opportunities for improvement and facilitate education of a specific practitioner and/or the provider community at large in order to reduce the potential for patient safety incidents.

The Plan addresses and monitors elements of patient safety, such as coordination of care between providers, electronic medical records implementation and areas which may include, but not limited to the following metrics as indicators of safe clinical care:

- Number of quality of care complaints per 1,000 members;
- Number of adverse events reported quarterly;
- Percent of physician medical records compliant to standard: drug allergies or "NKA" recorded;
- Percent of providers utilizing electronic medical records and automated order entry systems; and
- Number of Therapeutic Duplications and potential Drug to Drug interactions prescribed per thousand members.

Following the objectives as outlined in the Plan, WellCare will utilize newsletters, provider relations representatives and tailored education to periodically communicate the key activities of the patient safety

initiative, including network patient safety performance data.

WellCare will periodically assess the status of the provider's efforts to improve patient safety through data measures, survey results and provider's actions to further communicate performance improvement findings to WellCare members and providers.

Quality of Care Issues

Defined as quality of care issues and adverse outcomes, quality of care referrals may be generated by the Administrative Review, Grievance, Risk Management, Case Management and/or Utilization Management department or may be identified through routine record review.

Issue types include items such as unplanned readmission for a same or similar diagnosis in less than 30 days, patient fall, serious complication of anesthesia, transfusion error, medication error, serious disability, post-op complications, or lack of care which could have resulted in a potentially serious complication, etc.

Record review identifying possible quality of care issues will be referred for peer review. In the event the peer reviewer/panel feels there is a possible quality of care issue, the physician will be asked, in writing, to provide additional information to address the issue. The response is reviewed and a final determination is rendered.

Peer review is categorized in the following manner:

1. Substantiated – there is evidence of a deviation in the standard of care.
2. Unsubstantiated – there is no evidence of a deviation from the standard of care.

Once that determination is made, the outcome is classified as either “adverse event” or “no adverse event.” Results of peer review activity will be reported to state and regulatory agencies as appropriate.

**Patient
Safety
Objectives**

WellCare is committed to improving safety and reducing medical errors for patients. WellCare supports providers in implementing a Program with the following goals:

- Uniform reporting standards, definitions, safety alerts and quick communication of strategies to prevent unfavorable events;
- Peer review protected infrastructure to promote reporting and sharing of information on patient safety and medical errors;
- Provider education to promote adoption of patient safety practices into their clinical practice guidelines and implement pertinent best practice for reducing medical errors and enhancing positive care outcomes;
- Avenues for patients to be involved in their care decisions and to make suggestions on improving patient safety;
- Measure the effectiveness of process and system improvements to determine what produced positive results; and
- Develop and implement an ongoing, proactive program for defining, identifying and managing risks to patient safety and medical errors with defined executive responsibility, corrective actions and demonstrated improvement.

**Program
Compliance**

All network providers receiving federal reimbursement for services are, at minimum, expected to comply with CMS standards.

If a provider has not complied with CMS standards WellCare will require the provider to submit a plan of action for how they will assure compliance. If the plan of action is approved, WellCare will permit the provider to become compliant with policy within a prescribed time period provided the plan of action is implemented.

Clinical Practice Guidelines

Clinical Practice Guidelines have been adopted that are based on the health care needs of the member population and also opportunities for improvement as identified as part of the quality improvement program. The guidelines address both preventive health and chronic care conditions.

The guidelines are based on valid, reliable clinical evidence or a consensus of health care professionals in the particular field, and also adopted in consultation with contracted health care providers. The guidelines are reviewed and updated periodically as appropriate, utilizing nationally recognized evidence-based sources.

The review process includes:

- A consistency check, assessing linkage with decisions for utilization management, member educational materials, benefit plans, and coverage parameters;
- Input from community physicians via the WellCare Utilization Management Medical Advisory Committee.

Approval occurs through the Quality Improvement Committee. These guidelines can be found in the **Provider Education Materials** section of this handbook.

Disease Management Initiatives

The Disease Case Management program offers members with chronic medical conditions, (including but not limited to asthma, congestive heart failure and diabetes), awareness of their condition, direction and education. The Disease Case Management program has been designed to assist the physician in the educational process for the member and to promote a healthy lifestyle. Please refer to the in the **Provider Education Materials** section of this handbook for more information.

**Member Education
Resources**

Please refer to the **Member Education Materials** section of this handbook to view information shared with members about their unique health care needs. These may be used by your practice to promote better health behaviors and outcomes related to needed care.