



Quality Health Ideas Accountable Care Organization

QHI ACO Quality Assurance Policy

QHI ACO, LLC (“QHI ACO”)
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MSSP-ACO A3612

Policy Statement

QHI ACO supports the six aims delineated in the Institute of Medicine’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Specifically, QHI ACO adopts the philosophy that healthcare is:

- **Safe** – avoiding injuries to beneficiaries from the care that is intended to help them
- **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse)
- **Beneficiary-centered** – providing care that is respectful of and responsive to individual beneficiary’s preferences, needs and values and ensuring that beneficiary’s values guide all clinical decisions
- **Timely** – reducing waits and sometimes harmful delays for both those who receive care and those who provide care
- **Efficient** – avoiding waste, in particular waste of equipment, supplies, ideas and energy.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

The following actions will be implemented to promote an understanding of and commitment to the ACO’s values and quality targets:

- Communicating the ACO program to describe clearly the role and accountability of each physician, provider, and supplier in assuring and improving quality of care and services, cost effectiveness, process and outcome improvements, and beneficiary experience.
- Articulating clear performance targets: physician performance on quality and beneficiary experience metrics above a minimum threshold of the 50th percentile nationally, with an ACO-wide mean of the 75th percentile, and a stretch goal of the 90th percentile.
- Maintaining open channels of communication between clinical staff, practice administrators, physicians, clinical and executive leadership about the goals and performance of the ACO.

Processes and Tools

Operational systems are currently in place for optimizing ACO quality, including data collection, validation and reporting functions. In addition to analyzing retrospective beneficiaries' claims data, QHI ACO is deploying quality assurance and quality reporting tools that have successful track records for engaging providers, reporting measures and achieving desirable quality outcomes.

Quality Health Ideas Inc. (QHI), which is listed as part of the QHI ACO DUA, serves as the preferred data vendor that provides monitoring and tracking of all applicable quality measures, as well as compliance with the measures and evidence-based protocols. This system enables providers to quickly capture and record key clinical information, and it prompts providers during beneficiary encounters for beneficiary- specific and disease-specific preventive and treatment activities. It also enables real-time messaging regarding quality assurance and the care management needs of individuals and groups, and presents up-to-date reviews of information essential for effective care coordination/management processes.

Quality Measure Data Collection, Validation and Reporting

To maintain the highest standard of Quality Reporting, quality measure data and guidance are collected from five sources:

1. Medicare claims data from CCLF data (since June 4th, 2015) integrated into the QHI ACO toolset.
2. Medicare SSP-ACO reports, advisory recommendations and updates.
3. ACO-related quality activity metrics from participating practices' billing and clinical systems including health records (electronic and paper) that are reviewed by staff.
4. Providers' and office staff inputs to our reporting toolset.
5. Press Ganey Associates, Inc will perform ACO beneficiary quality experience of care survey, known as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

In addition to analyzing retrospective claims data of beneficiaries, QHI ACO, under the direction of the Quality Assurance Officer, will deploy several quality assurance tools that have been used successfully to engage providers in multiple programs. The CareScreen toolset provides realtime monitoring and tracking of quality and compliance in accordance with evidence-based care protocols. This system enables providers to quickly capture and record key clinical information. It has been designed to prompt providers during beneficiary encounters for disease-specific condition follow-ups and preventive health strategies. It also enables messaging regarding quality assurance and the care management needs of both individual beneficiaries and groups of beneficiaries as well as concurrent, real-time reviews of information essential for an effective care coordination/ management processes.

QHI ACO sets strategic performance targets for clinical quality and patient satisfaction metrics that include CMS MSSP metrics and other applicable national benchmarks. ACO goals are set for each metric based on established benchmarks. If an individual provider falls below expected goals he/she will offered additional support and training.

Validation of the reported quality activities (including for outcomes and process related measures) is performed by QHI ACO and QHI staff using read-only-access to electronic records. Audits are performed as necessary. QHI ACO medical leadership and audit staff has experience in validation and submission of CMS quality measure activity.

QHI ACO requests read-only-access to participating providers' EMRs / EHRs, and requires/tracks compliance with all quality measure reporting activities. If a practice cannot give electronic access to our review staff, we require them to submit other documentation for review. And finally, as we have done in the past, we plan to report 130% or more of the required amount of quality measure data to ensure QHI ACO meets reporting standards.

Reporting will utilize the MSSP ACO-specific quality reporting system through GPRO. QHI ACO and its quality reporting vendor assign dedicated staff to specifically monitor and report quality. CMS support materials are thoroughly, reviewed and reporting deadlines are prioritized. The beneficiary survey portion of the data collection process has been arranged through Tonka Medical Association, LLC.

In addition, QHI ACO regularly reviews performance on quality and cost metrics. MSSP ACO metrics performance will be routinely evaluated by the quality committee, and the findings will be utilized to generate quality improvement. Analyses of expected outcomes from risk modeling and versus observed outcomes, year-to-year trends in quality and beneficiary experience performance are closely monitored.

Monitoring and Enforcement

Each provider and office will be afforded the opportunity to review the ACO's web-based quality reporting tools to monitor their cumulative and current panel as well as individual beneficiary quality metrics. The Quality Assurance Officer leads the QHI ACO Quality Assurance Committee that meets on a monthly basis. The Committee will regularly share individual participating provider and group-related quality measures, along with related benchmarks with providers, their local practices and ACO medical leaders, the QHI ACO Medical Director and the QHI ACO board.

Summary quality measure reports (which will include compliance with quality-related requests) will be generated quarterly for the QHI ACO Board, and will be distributed to providers and to local leaders. Real-time quality ad hoc reports and dashboards will be utilized by the QHI ACO Medical Director, selected ACO staff, including those on the QHI ACO Quality Assurance Committee, and local physician group leaders. Annual quality reports will be reviewed by the ACO medical director, quality committee and board.

QHI ACO will monitor and evaluate both individual and longitudinal performance by providers. As necessary, QHI ACO will enforce and execute remedial measures in a step-wise fashion, beginning with information, education and insights provided by the Medical Director. Providers who continue to miss quality measure, reporting and compliance performance standards will be referred to the ACO board for remedial action, which may include removal from QHI ACO. The QHI ACO board and Medical Director will develop and set annual quality improvement initiatives and goals, and will monitor and report quality improvement initiative outcomes. All ACO quality assurance and improvement initiatives will be shared with participating providers to facilitate best outcomes.