

UNION HEALTH SERVICE, INC.

QUALITY and RISK MANAGEMENT PLAN

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The purpose of the Quality and Risk Management Plan of Union Health Service, Inc. (UHS) is to improve the value of our services by monitoring and improving quality and strengthening our ability to deliver cost effective care to all members consistent with our motto: "Not Too Big To Care", placing the members welfare above all else.

Contents

Quality and Risk Management Plan.....	2
Mission and Values	3
Purpose.....	3
Goal	3
Policy	4
Objectives.....	4
Process	5
Scope and Organization:	5
Board of Trustees (BOT)	5
Clinical and Operations Committee (Clin&Op’s):	5
Medical Advisory Committee (MAC)	5
Quality and Risk Management Committee (QRM)	5
The Pharmacy and Therapeutics (P&T).....	6
Value Added Differential Committee (VAD).....	6
Ad-hoc Teams:	6
APPENDIX 1 - Data Collection:	6

Union Health Service (UHS) serves a diverse member base, including underserved racial and ethnic groups with both cultural and language barriers. Addressing these issues is essential to quality of care, and UHS accommodates these concerns as it cares for members with diverse mission and values, beliefs, and behaviors, tailoring delivery to meet members' social, cultural, and linguistic needs.

Mission and Values

The Mission of Union Health Service is to “To provide quality and cost-effective healthcare services to our enrolled members and to promote healthcare excellence.”

UHS Values:

- Exceptional Member/Patient Service - Service to our members/patients with caring compassion, empathy, respect, and with a member /patients first mindset.
- Supportive Team – Support each other through teamwork, collaboration, professionalism, honest communication and a positive attitude towards one another.
- Commitment to Excellence – Succeed together by providing quality service, inspiring new ideas, embracing continuous improvement and striving to do our best every day.
- Integrity – Act in an ethical and responsible manner by doing the right things in the right ways.

Purpose

The purpose of the Quality and Risk Management Plan is to provide a guide to assess, enhance, measure, and improve the quality of services, improve patient outcomes, programs, and clinic operations with the available resources for improvement opportunities. Through the Quality and Risk Management Plan, UHS is responsible for gathering and analyzing data pertaining to clinical activity in performance, progress and risk. The Quality and Risk Management Plan is system-wide, including physicians, healthcare professionals, support teams, and group employers, who directly or indirectly influence the delivery of care and services. UHS strives to provide the best care possible to the members it serves, while utilizing its resources, and evaluating risk in the most effective, efficient manner possible. UHS has established an integrated quality improvement and risk plan addressing each aspect of the member's care, including members with complex health issues, cost of care, and member safety.

Goal

The goal of the Quality and Risk Management Plan is to identify, document and correct known or suspected deficiencies in service delivery, operations, and best practice related to quality of care for a healthy and safe environment. The Quality and Risk Management Plan is to improve the value and cost effectiveness of our healthcare services for employers, employees, and other members we serve, by monitoring and improving quality, thereby strengthening our ability to deliver cost effective care to all our members. The Quality and Risk Management Plan fosters ethical business practices, and ensuring measurable compliance with applicable law, and thus established the following goals:

- To promote the principles and commitment of continuous quality improvement and risk analysis.
- To measure, monitor and continually improve medical care and risk in key aspects of clinical and service quality, including the development of external and internal benchmarking for its activities.
- To implement a standardized and comprehensive quality and risk improvement program which will address and be responsive to the member population's health needs.
- To develop a comprehensive, meaningful, and soundly executed quality and risk improvement strategy.
- To document the Quality and Risk Management Plan's success by demonstrating improved outcomes in medical, behavioral health care and specialty services to members.

- To ensure the Quality and Risk Management Plan satisfies the requirements of Plan sponsors, federal and state regulators, and appropriate certification or accreditation entities.
- To increase the knowledge/skill base of clinical staff across relevant areas.
- To foster a supportive environment that assists physicians and providers to monitor and improve the safety of their practice and share data results.
- Regularly monitor the Network Development plan to ensure membership needs for access, availability and adequacy are sufficient.
- Regularly reviews and evaluates compliance issues and concerns within the organization relating to federal and state healthcare programs, and is designed to assure compliance with all laws, rules and regulation relating to these programs.
- To focus continuous quality and risk management efforts to those priority areas which aim to improve health and wellness of members.
- The Quality and Risk Management Plan considers cultural and linguistic needs of our members and accounts for clinical needs of all members, including patients with complex health issues.

Policy

UHS is organized under the Illinois Voluntary Health Services Plans Act (215 ILCS 165/) and all UHS policies and procedures are intended to be consistent with this and all other applicable law. Pursuant to this statute, *The Medical Director, under the board of trustees, shall have complete charge of and responsibility for the medical and medically related scientific aspects of the business of the corporation.* (215 ILCS 165/).

Information relevant to the evaluation and improvement of quality care may arise from a number of sources and shall be considered privileged and strictly confidential pursuant to the provisions of the Illinois Medical Studies Act (735 ILCS 5/8-2101).

Objectives

The following objectives are identified to assist plan administration in meeting quality improvement goals:

- Educate leaders and staff of the important responsibilities of effectively participating in performance improvement and risk activities including additional training/education and disease prevention efforts.
- Design effective processes to meet the needs of our organization, which are consistent with UHS's mission and values.
- Identify opportunities to improve the outcomes, reduce risk of medical and behavioral health care and associated services available to members.
- Develop, implement, and monitor action plans to improve medical and behavior health care, and associated services to include medical necessity and appropriateness of care.
- Monitor the stability of existing processes, identify opportunities for improvement, and identify changes that will lead to and sustain this improvement and reduce risk.
- Assure effective and efficient utilization of UHS facilities and services with an ongoing monitoring program designed to identify patterns of utilization of health care resources.
- Aggregate and analyze data on an ongoing basis to identify changes that will lead to improved performance and a reduction in risk errors.
- Achieve and sustain performance-improvement.
- Satisfy public health goals for disease prevention, wellness and safety in all areas of the organization.

- Promote collaboration at all levels of the organization to create a culture focused on performance improvement.
- Monitor and improve compliance with accreditation and regulatory requirements.
- Monitoring member, physician, and staff satisfaction concerns.

Process

The process for determining performance initiatives for UHS involves all divisions within the organization. Continuous quality principles and risk analysis is utilized throughout the process; evaluating data and current performance, selecting new or continued projects, and then prioritizing based on criteria, identifying an accountable individual, establishing timelines, measures and goals. Coordinate and monitor all utilization management activities including review of both on-site and off-site physicians, including UHS-contracted physicians, including any outside practice association, medical group, or other third party. UHS annually plan activities for the year and includes improvement plans for issues identified through the evaluation of the previous year's plan. The Quality and Risk Management Plan is approved, evaluated and reviewed by the Clinical and Operations Committee. The quality improvement and risk process incorporates prospective, concurrent, and retrospective case review applicable, as well as individual case management, or focused peer review of trend data and may include organization systems and processes. This document can be updated as applicable, throughout the year to reflect the progress on activities and new initiatives as they are identified.

Scope and Organization:

Board of Trustees (BOT): The Board of Trustees is a group of individuals elected to manage and govern the assets of UHS. It protects the organizations best interests through decision made on behalf of the Administrative Team. The Board of Trustees has the authority and is ultimately responsible for the Quality and Risk Management Plan, as applicable. They delegate most responsibilities to the Administrative staff and the Clinical and Operations Committee.

Clinical and Operations Committee (Clin&Op's): The committee's role is to review clinical and operation safety matters. They advise the board on these matters and carry out Board decisions. The Committee monitors clinical and operational activities on behalf of the Board and assists in overseeing executive staff accountability.

Medical Advisory Committee (MAC): The MAC oversees and supports education and develops standards to ensure best practice development for physicians while monitoring physicians' perceptions, satisfaction, and overseeing physician activities. It serves as a forum to identify, educate, and discuss clinical medical staff concerns. The committee may develops, implements, and reviews standards to ensure the highest clinical competency within UHS and its contracted facilities.

Quality and Risk Management Committee (QRM): The Quality and Risk Management Plan, as necessary, is responsible for the organization's overall framework to guide their efforts in addressing below average results in regulatory compliance, audits, patients experience and satisfaction, including the management of safety in the working and care delivery environment. The goal of the Quality and Risk Management Plan is to minimize risk and promote the safety of everyone who interacts with UHS, including members, staff, contractors, and visitors. Its purpose is to foster a safe environment by identifying potential risks and reduce risk exposures. Related goals include fostering ethical business practices and ensuring compliance with applicable law. The Quality and Risk Management committee can establish, monitor, and maintain an effective environment of care program, including monitoring and

maintaining an effective infection control program, and monitoring and evaluating event reports. It seeks to create a physical environment free of hazards and reduce the risk of human injury by identifying environment of care problems, taking appropriate actions, and following up on the interventions implemented. It is a broad-base plan, representing as many sites and services as necessary from UHS as applicable to state of affairs.

The Pharmacy and Therapeutics (P&T): Is responsible for preparing, maintaining, and reviewing the UHS formulary to maximize its usefulness within the constraints of the limitations of the members' healthcare plans. Pharmacy report drug dispensing errors and the Pharmacy Benefits Manager (PBM) notifies pharmacists of any dispensing of the potential drug-to-drug interaction and sends notification to the physicians regularly.

Value Added Differential Committee (VAD): The Value Added Differential Committee develops, maintains and oversees the clinical criteria and processes based on national standards. VAD dashboard is a set of quality measures extracted from the electronic medical record, claims, encounters and referral systems to determine provider's overall best practice compliance and pay performance. The goal of these quality indicators is to improve the quality of care, care coordination, and practice enhancements.

Ad-hoc Teams: Committees may establish ad-hoc team as needed to conduct specialized studies in particular areas of concern submitting their findings and identify solutions to the Executive Team. The team will provide their findings and identify issues with recommendation of corrections to the administrative staff.

APPENDIX 1 - Data Collection:

- 1. Collection and Continuous monitoring of Data:** The organization's on-going data collection and monitoring program encompasses a multitude of variables including clinical, financial, operational, as well as patient satisfaction. Data collection activities will be based on priorities set by the organizations leaders, based on their assessment of whether activities and populations served by the clinic are high risk, high volume or problem prone. Requirements for data collection imposed by funding and regulatory agencies will be included, when appropriate. The data collected will be used to monitor the stability of existing processes, identify opportunities for

improvement, develop processes leading to improvement, and/or demonstrate sustained improvement. The following is a summary of the data collection efforts currently underway at Union Health Service as well as schedule outlining how data is collected, analyzed, and reported. This data is collected within UHS's limited resources and compared to national benchmarking.

2. **Aggregation and Analysis of Data:** Decision making is based upon data collected, which UHS aggregates and analyzes in such a way that current performance levels, patterns, or trends can be identified. UHS utilizes appropriate statistical tools and techniques to analyze and display data, and when appropriate, data is trended and compared internally over time. In addition, external sources of information is applied to benchmark performance when available and appropriate to identify opportunities for improvement. Analysis is conducted when VAD data indicates that levels of performance, patterns, or trends vary substantially from those expected and for those topics chosen by the organization as priorities for improvement.
 - **Clinical Practice guidelines:** UHS uses clinical practice guidelines to evaluate and treat specific diagnoses, conditions, and or symptoms, and UHS has established criteria for use in selecting and implementing these guidelines in the clinics. These criteria include diagnoses, conditions, and or symptoms, which are high volume, high risk, and problem prone and amenable to the application of standardized guidelines.
 - **Risk Reduction Strategies/Patient Safety:** UHS has defined a process to identify, manage and intensively analyze safety events. UHS proactively seeks to identify and reduce risks to the safety of patients and staff, and is committed to improving safety for all patients at all of our sites. Activities and functions used to address patient safety require communicating with patients about safety, including patient education and informing patients about their care and medications. UHS staff is orientated and trained in the expectation for reporting safety events. To accomplish objectives of this plan; the gathering of information is necessary to identify and characterize actual and potential risks, investigate; underlying causes and take corrective action. Sources of data included, but are not limited to; incident reports, surveys, claims data, chart review, computer records, coding and billing information.
3. **Documentation of Performance Improvement Activities:** Key Performance Indicators (KPI) activities are documented in meeting minute's and dashboard format. KPI's are documented on a dashboard for overall reporting. The UHS designated Quality Improvement Project (QIP) are documented on QIP forms are used for priority reporting. Most results and the dashboard can be located on the Quality Improvement/Practice Performance web page.
4. **Education:** Creating an organizational-wide quality and risk management plan involves identifying educational needs for performance improvement through team, committee, subcommittee, and peer review efforts. The Medical Director and Director of Health Services leads in recommending and coordinating clinic-wide educational training calendars, as well as in other designated settings as directed by Administrative leaders.