Commonwealth Care Alliance is committed to providing the highest quality, most effective health care to its members. In pursuance of this, Commonwealth Care Alliance’s framework for quality improvement is designed to integrate quality assessment and performance improvement activities throughout all levels of its care delivery system. As a “consumer governed” organization, Commonwealth Care Alliance’s Quality Program is structured to ensure that the member’s perspective is built in to all elements of its quality assurance activities. An underlying tenet of the program is that a true partnership between those receiving care and those providing and managing care can promote autonomy, independence, and better health outcomes.

The Quality Program is designed to:

• Understand the needs, expectations, and satisfaction of members and caregivers and implement improvements to incorporate these perspectives into care delivery and system operations
• Continually improve organizational and clinical processes throughout the delivery system based upon analysis of available data and clinical, administrative, and member input from across the network
• Improve clinical quality by identifying and disseminating best clinical practices throughout the network
Quality Program Objectives

• To assure the effective, timely and safe delivery of care and care coordination to members at the optimal level of quality
• To assess and evaluate the quality and appropriateness of care across the provider network
• To design effective mechanisms for problem identification, assessment and resolution at the individual, practice site, and system-wide levels
• To assess, evaluate and monitor key areas of clinical care and care coordination and identify opportunities for improvement when indicated
• To promote mechanisms for the integration of risk management, utilization review and other activities in a comprehensive Quality Improvement Program
• To identify deviations from standards and address such deviations in a manner that optimizes health outcomes
• To ensure that professional competency and practices are routinely and reliably monitored and evaluated
• To ensure program compliance with state, federal, contractual and other regulatory requirements
Quality Program Structure

Board of Directors

The Board of Directors is comprised of up to 15 members appointed by Commonwealth Care Alliance’s corporate members; the two consumer advocacy groups Health Care for All and Boston Center for Independent Living. The Board of Directors assumes final authority and responsibility for quality of care and professional practices including:

- Approval of Commonwealth Care Alliance's annual Quality Program
- Recommendations related to Commonwealth Care Alliance’s quality assessment and performance improvement activities

The Board of Directors delegates responsibility for the development and oversight of Commonwealth Care Alliance’s Quality Program to the Chief Executive Officer/Chief Medical Officer who delegates responsibility for components of the program to Commonwealth Care Alliance clinical staff.

Board Quality Committee

The Board Quality Committee is a committee of the Board, chaired by a Member of the Board of Directors and staffed by Commonwealth Care Alliance’s Senior Vice President for Medical Affairs and Chief Quality Officer. Membership is inclusive of Board representatives, Commonwealth Care Alliance’s Consumer Liaison and multi-disciplinary clinical representation, drawn from the Commonwealth Care Alliance provider network. Among the responsibilities of the Board Quality Committee is the development, approval, and monitoring of the organization’s annual Quality Program work plan and evaluation, approval of practice guidelines, and the oversight of all delegated and non-delegated credentialing activities.

Ethics Committee

The Ethics Committee is a subcommittee of the Board Quality Committee, comprised of clinical professionals both internal and external to Commonwealth Care Alliance, with a particular focus on those bringing an expertise in the area of medical ethics. Among the responsibilities of the Ethics Committee is the provision of input into decision-making with regard to end-of-life issues and advance directives.

Management Quality Committee

The Management Quality Committee is an internal Commonwealth Care Alliance committee, whose responsibilities include the development, coordination, and facilitation of all quality improvement activities throughout the organization, including monitoring and evaluation, and the development of the organization’s annual Quality Program work plan for recommendation to the Board Quality Committee for review and approval.

The Management Quality Committee assumes responsibility for:

- Designating areas to be monitored and evaluated
- Generating suggestions for quality improvement activities
- Designing mechanisms for problem identification and prioritization, assessment, resolution, and follow-up evaluation
- Selecting criteria for monitoring activities
- Reviewing and analyzing all monitoring activities and assisting in developing focused improvement plans
- Evaluating the annual Quality Program with regard to its effectiveness in addressing issues of quality of patient care and
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• Selecting criteria for monitoring activities
• Reviewing and analyzing all monitoring activities and assisting in developing focused improvement plans
• Evaluating the annual Quality Program with regard to its effectiveness in addressing issues of quality of patient care and professional practice
• Reviewing policies and procedures annually and as needed, related to implementation of quality improvement initiatives

Utilization Management Committee

The Utilization Management Committee, a standing committee of Commonwealth Care Alliance, oversees the development and implementation of an effective utilization management program. The Utilization Management Committee is responsible for monitoring the quality, continuity, and coordination of care, including monitoring for overutilization and underutilization of services. These activities are coordinated closely with Commonwealth Care Alliance’s Quality Program.

Utilization Management Committee responsibilities include the regular review, monitoring, and analysis of utilization and cost information associated with the delivery of care and services to Members across the network. Members are appointed by Commonwealth Care Alliance’s Medical Director and include appropriate Commonwealth Care Alliance clinical staff, consultants, and multidisciplinary clinical representation from the provider network, as well as others as appropriate on an ad hoc basis.
Scope of the Quality Program

Commonwealth Care Alliance has identified 14 domains of quality on which to focus our evaluation and measurement efforts and for which numerous specific measures are monitored with specific performance goals for improvement based on key criteria. The domains include:

• Access to care
• Evidence-based care
• Safe care
• Consistent care
• Coordinated care
• Continuity of care
• Compassionate care
• Culturally competent care
• Care in the community
• Member empowerment
• Member health status
• Member satisfaction
• Provider satisfaction
• Provider competency
Annual Quality Improvement Plan

Commonwealth Care Alliance annually chooses activities that facilitate the organization's achievement of its quality improvement goals. Activities are tracked in the Commonwealth Care Alliance Annual Quality Improvement Plan.

A number of factors are considered when establishing the Quality Improvement Plan. Factors include:

- Alignment with Commonwealth Care Alliance's mission and strategic goals
- Fit with previous work plan projects
- Origin/source of a project
- Predicted impact on overall health and well-being of membership
- Predicted impact on member and clinician satisfaction
- Scope and urgency

Measurement and evaluation plans are fully integrated into the Improvement Plan, and progress toward Improvement Plan objectives is tracked and monitored throughout the year.
Program Monitoring and Evaluation

The Board of Directors, Board Quality Committee, and the Management Quality Committee review the annual Quality Improvement Plan and assess the results of the plan annually. This evaluation guides next steps and the development of a Quality Improvement Plan for the coming year.

Collaboration with Contracted Providers in the Creation, Implementation, and Monitoring of the Quality

Commonwealth Care Alliance strongly believes that its provider network has a substantial and fundamental role in determining the success of its annual Improvement Plan. Specifically, collaboration with and cooperation of Commonwealth Care Alliance’s contracted providers is critical to Improvement Plan generation, execution, and evaluation. Contracted providers actively assist with the data collection, reporting, and performance review components of the Plan. Additionally, Commonwealth Care Alliance collaborates with contracted providers to identify opportunities for improvement.
Prioritized Quality Initiatives

Though they change over time, Commonwealth Care Alliance’s priority quality initiatives, as outlined in each year’s Improvement Plan, typically focus on protocols, processes, and procedures to improve the effectiveness and/or efficiency of care delivery.

In addition to ongoing monitoring and maintenance of Commonwealth Care Alliance compliance with CMS and MassHealth quality related standards and expectations, priority initiatives for 2014 include:

• Care Transitions
• Life Choices: Palliative and End of Life Care
• Cardiovascular Disease Prevention
• Behavioral Health Integration
• Fall Prevention
• Clinician Satisfaction
• Customer Services
Compliance with CMS and MassHealth

Commonwealth Care Alliance must comply with a number of CMS and MassHealth quality-related standards and expectations. Requirements for compliance include a number of ongoing data submissions including, but not limited to:

• Healthcare Effectiveness Data and Information Set (HEDIS)
• Consumer Assessment of Healthcare Providers and Systems (CAHPS)
• Health Outcomes Survey (HOS)
• Quality of Care Concerns
• Complaints, Appeals, and Grievances
• Model of Care Description development and maintenance
• Quality Program Description
• Annual Quality Improvement Plan, inclusive of Quality Improvement Program (QIP) Descriptions and Chronic Care Improvement Program (CCIP) Descriptions

In addition, Commonwealth Care Alliance is committed to using evidence-based guidelines as a basis for quality measurement and improvement.
Commonwealth Care Alliance assesses its performance using a number of different tools and measurement methodologies, including HEDIS. HEDIS is a standardized set of performance measures widely used by managed care organizations to enable comparisons of performance over time. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, asthma, and diabetes. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), which defines standards for accreditation of health plans in the US. A subset of the HEDIS performance measures are reported to certain regulatory bodies on an annual basis according to state requirements.

Commonwealth Care Alliance is assessed on eight domains of HEDIS:

- Prevention/Screenings
- Respiratory conditions
- Cardiovascular conditions
- Comprehensive diabetes care
- Musculoskeletal
- Behavioral health
- Medication management
- Access

Specifications for HEDIS measurement are updated annually by NCQA. Performance results, assessed and reported annually, are sourced by administrative claims data as well as medical record reviews. Commonwealth Care Alliance works with each of its providers to ensure uniformity in understanding around documentation requirements to support the medical record review component of this annual assessment.

A subset of HEDIS results are used to calculate Commonwealth Care Alliance’s Medicare Star Rating.
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

In addition to HEDIS, Commonwealth Care Alliance also uses a standardized survey of consumers’ experiences to evaluate its performance in areas such as customer service, access to care, and claims processing. The survey used is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). CAHPS is sponsored, supported, and maintained by the Agency for Healthcare Research and Quality (AHRQ).

Health Outcomes Survey (HOS)

The Medicare Health Outcomes Survey (HOS), another standard tool, is employed by Commonwealth Care Alliance to evaluate the health care status and health-related quality of life of its Members by comparing response data from year one to response data provided by the same set of Members in year two.

Data are collected each spring, and performance affects Commonwealth Care Alliance’s Medicare Star Rating.

Data are collected from a random sample of Commonwealth Care Alliance’s Membership each spring. A subset of CAHPS results are used to calculate Commonwealth Care Alliance’s Medicare Star Rating.
Quality of Care Concerns

Commonwealth Care Alliance is committed to providing the highest quality, most effective health care to its members. Commonwealth Care Alliance relies heavily on its provider network to identify potential Quality of Care concerns and to escalate such concerns according to standard policy.
Confidentiality

All persons participating in quality improvement activities adhere to Commonwealth Care Alliance’s confidentiality policy, which is compliant with HIPAA rules and regulations. Results of improvement activities and reports do not contain any identified patient information, and if necessary, are coded or reported in aggregate. All information generated by improvement activities is protected by applicable state/federal laws and regulations.