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 experience’ 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 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 Chief Quality Officer and clinical staff.

Board Quality Committee

The Board of Directors of Commonwealth Care Alliance (CCA) established the Quality Committee to assist the Board in fulfilling its responsibilities for oversight of CCA’s quality program to assure the quality of CCA’s clinical care, patient safety and customer service. The Quality Committee operates under a written charter which is approved by the Board of Directors. The Quality Committee’s oversight includes: (i) CCA’s Quality Strategy, (ii) CCA’s annual Quality Improvement Work Plan, and (iii) reviewing progress towards achievement of CCA’s quality strategic objectives as measured by key quality indicators. The Quality Committee will be comprised of at least 3 members (including the Chair of the Committee) who are voting members of the Board and appointed by the Board Chair in consultation with the CEO. The Chair of the Board and the CEO are ex-officio members of the Committee and the Chief Quality Officer and Chief Medical Officer are Staff Liaisons to the Committee.

Ethics Committee

The CCA Ethics Committee serves in an advisory capacity to CCA leadership. The Committee provides education, consultation, and advice to CCA leadership around clinical and organizational ethical issues. The Committee operates under written policies and procedures and provides input to decision-making including end-of-life issues and advance directives. One particular focus of the Committee is to provide guidance that can assist clinicians in balancing their professional concerns for enrollees with the concept of the “dignity of risk” inherent in truly supporting self-determination for every enrollee. In addition, CCA also has monthly leadership rounds where high-risk members who may have medical, ethical, or compliance issues are discussed, as well as a weekly member risk and safety committee which addresses member care issues, occasionally in the ethics realm, which are either addressed in that meeting or other formalized venues.

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 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 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

The Quality Improvement program is designed to:

• Attend to all aspects of quality of care and service; including a particular focus on assessing and improving patient-centeredness and empowerment
• Understand the needs, expectations, and satisfaction of enrollees and their caregivers and implement improvements to incorporate these perspectives into care delivery and system operations
• Continually improve organizational operational and clinical processes throughout the enterprise and the network delivery systems based upon analysis of available data and clinical, administrative and enrollee input from across the network
• Improve clinical and service quality by identifying and disseminating best practices
Annual Quality Improvement Plan

Commonwealth Care Alliance annually chooses activities that facilitate the organizations 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
- Performance in prior initiatives and quality metrics
- Predicted impact on overall health and well-being of membership
- Predicted impact on member and clinician satisfaction
- Scope and urgency

Measurement and evaluation 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 Work 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 Program Improvement Plan

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. 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 2020 include:

- Dementia Identification and Care
- Life Choices: Palliative and End of Life Care
- Cardiovascular Disease Prevention
- Behavioral Health Integration
- Fall Prevention
- Increasing Cervical Cancer Screening
- Preventive Dental Care
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 Grievances
- Critical Incident Reporting
- Model of Care Description development and maintenance
- Quality Improvement Program Description
- Quality Improvement Program Evaluation
- 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/Cardiovascular conditions
- Diabetes/Musculoskeletal/Behavioral care
- Medication Management/Care Coordination
- Overuse/Appropriateness of care
- HOS/CAHPS
- Access and Availability

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 possessing. 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. A subset of HOS 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.