



POLICY SUBJECT:

Arkansas Health Network's (AHN) Quality Management

This document describes Arkansas Health Network's (AHN) systematic quality management program and its requirements for CIN performance measurement and reporting.

I. Purpose

The purpose of this Policy and Procedure is to describe the AHN's quality management program, including its scope, activities, and structure and its performance measurement and reporting responsibilities.

II. Policy

AHN uses a systematic, evidence-based quality improvement process that promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. AHN maintains a written description of the quality management program that includes its goals, strategies, scope, performance measurement and reporting responsibilities. At least annually, AHN monitors, measures, and evaluates performance.

AHN works to improve health status throughout the target population(s) by monitoring and measuring utilization patterns, medication adherence, costs, and healthcare status changes. AHN shares its performance data and trends internally and externally as required by payers/purchaser contracts and/or for public reporting and comparative purposes. The Clinical Care Committee (CCC) reviews CIN annual performance metrics to improve the provisions of clinically integrated care to consumers.

III. Definitions

See [AHN Glossary for definitions](#).

IV. Procedure

A. Systematic Quality Management: AHN uses a systematic, evidence-based quality improvement process that promotes objective and systematic measurement, monitoring, and evaluation of services and work processes.

1. AHN leadership (see Organization chart for specific roles) has established accountabilities for quality management and improvement, including:
 - a) Data-driven oversight,



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- b) Quality improvement activities, and
- c) Communication of results to relevant parties.
- B. This program is systematic, following the scope, activities, and structure listed in the Quality Program written description below.
 - 1. To promote objective and systematic measurement this program uses evidence-based measures of quality improvement processes such as quality measures, satisfaction measures, and utilization measures. Measures are listed in Section IV F.2 below.
 - 2. This program promotes quality management through monitoring and evaluation of services and work processes by periodically re-measuring levels of performance and implementing quality improvement activities as needed. This program also promotes the use of various performance improvement strategies such as PDSA (Plan, Do, Study, Act), LEAN, and Six Sigma.
 - 3. The data analytics team (including the Market Director of Operations and Manager of Data and Analytics) and Market Vice President of Population Health collaborate to confirm that AHN adheres to acceptable principles of data collection and analysis for validity and reliability of reporting.
 - a) Examples of acceptable principles of data collection and analysis include:
 - Ensuring data privacy and security - Secure connections through Secure File Transfer Protocol (SFTP) and/or secure emails are used when sending PHI. The PHI is also masked when sent to external stakeholders.
 - (1) Consistency of analysis over time - each analysis uses the same approach including:
 - (a) retrieving data from the same data source
 - (b) utilizing the same definitions or data points
 - (c) utilizing the same/standard reporting templates
 - (2) Benchmarking to valid comparison data utilizing appropriate national benchmarks
 - b) Examples of valid, accurate, and consistent measurement methods include:
 - (1) Data collection processes focus on areas of high utilization, high risk patients/employees/consumers, and quality indicators monitoring



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established for value based contracts, including payer and direct-to-employer clients.

(2) Metrics for the evaluation of performance and quality are determined based on the areas as previously described and outlined (or defined) by contract.

(3) Active measures include:

(a) Population health activities

(b) Quality, utilization, cost, and satisfaction measures (see Section IV F.2, below) compared to appropriate national benchmarks

c) Quality management programs are organized with program-specific plans that apply to the services within the scope of the Employer-Based Population Health URAC accreditation.

C. Quality Program Written Description

1. Authority oversight and approval

a) The CCC has the authority to review and approve the performance monitoring data and improvement activities of AHN.

b) The minutes of the CCC are reviewed and approved by the AHN Board of Managers. The AHN Market Vice President of Medical Operations and Market Vice President of Population Health are responsible for the AHN CCC functions and are members of the CCC.

2. Quality management program scope

a) It is the responsibility of the CCC to establish measurable goals for quality improvement, design and implement strategies to improve performance, promote objective and systematic measurement, monitoring and evaluation of all organizational services and work processes, and to implement quality improvement activities that are based on the outcome of the program's measurement regime.

b) Measures for performance include mutually agreed upon, validated quality, cost, efficiency key performance indicators and measures which are outlined in each individual value-based contract.

c) The quality management program uses valid, accurate, and consistent measurement methods including those listed above.

3. a) The quality management program aggregates data from multiple sources into a data analytics platform.



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- (1) Payer claims from value based contracts
- (2) Electronic medical records
- (3) Population Health Intervention/Communication
- b) The quality management program measures the following (see Section IV F.2):
 - (1) Quality Measures: Quality measures are outlined in each individual value based contract. Examples include: Hemoglobin A1c Poor Control, Hypertension Blood Pressure Control, Breast Cancer Screening, Childhood Immunizations, Child and Adolescent Well-Care Visits, and others.
 - (2) Utilization Measures: Utilization measures are outlined in each individual value-based contract. Examples include: ER Visits per 1,000 lives, 30 Day Readmission Rate
 - (3) Cost Measures: Cost measures are outlined in each individual value-based contract. Examples include: Per Member Per Month (PMPM) Medical Spend, PMPM Pharmacy Spend
 - (4) Satisfaction measures: Satisfaction measures are outlined in each individual value-based contract. Examples include: CAHPS (Consumer Assessment of Healthcare Providers and Systems), Medicare Advantage consumer experience and satisfaction data
 - (5) Population Health Activities: Engagement of at-risk members in care management programs.
- c) The quality management program benchmarks AHN's own performance against valid comparison data.
 - (1) Types of performance metrics reviewed against comparison data include:

Quality measures, utilization measures, cost of care measures, and satisfaction measures. Sources for valid comparison data may include:

 - (a) AHN performance history comparisons over time.



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- (b) Established external thresholds such as MIPS Historical benchmarks, program specific benchmarks, Quality Compass, and/or other payer contracts.
 - (c) Contractual requirements for various value based contracts, including Employer-Based Population Health
 - d) The quality management program reports on performance measures from delegated entities.
 - (1) These are reported to the CCC annually. Types of performance measures from delegated entities include: quality measures, utilization measures, cost of care measures, and satisfaction measures. All functions, including delegated functions, within the scope of the URAC Employer Based Population Health standards are subject to quality management efforts.
 - (2) Measures to be reported are based on agreed-upon measures of performance by the Employer-Based Population Health client leadership, AHN leadership, and the CCC.
 - e) The quality management program provides performance feedback to payers, staff, and direct-to-employer clients. Feedback is reported annually by AHN leadership through our data analytics platform. To be effective, the quality management program engages staff, leadership, (when applicable) delegated entities, and participating providers to determine performance measures and action plans for improvement through the CCC.
- 4. Objectives and goals of the program: Goals may be established via contractual requirements of purchasers and/or regulatory requirements and/or by leadership initiatives.
 - a) Implement interventions to improve the quality, safety, and accessibility of services to consumers and clients/members
 - b) Continually and systematically plan, design, measure, assess, and improve performance of priority focus areas
 - c) High accuracy in the processes of the quality program
 - d) Compliance with applicable state/federal requirements
 - e) Compliance with applicable accreditation requirements
 - f) To improve healthcare outcomes
- 5. Activities of the program



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- a) Periodically reassesses performance measures and reports data to direct-to-employer leadership, the CCC, and the AHN Board of Managers. Implements quality improvement activities that are based on the outcome of the program's measurement regime.
- b) Develops action plans to improve performance when indicated
- c) Evaluates performance improvements for sustainability
6. Evidence-based performance improvement strategies
 - a) Plan-Do-Study-Act
 - b) Six Sigma
 - c) Lean
7. Quality management program structure
 - a) The CCC is comprised of content experts including: Market VP Quality-Professional Services , Market VP of Medical Operations, Market VP of Population Health, AHN Pharmacist, AHN RN Practice Coaches and external membership of participating Primary Care Providers and Specialists
 - b) Meetings of the committee occur no less frequently than quarterly. The CCC maintains minutes of each of its meetings. Such minutes will contain reports, decisions, action items, and attendees.
 - c) At each meeting, the minutes of the previous meeting are reviewed, revised if appropriate, and approved. Such review, revision, and approval is recorded in the meeting minutes.
8. AHN Leadership collects and remeasures performance measures, aggregates data, reports and communicates annual results to the CCC. This information is forwarded and reviewed by the AHN Board of Managers annually. Annual remeasurement timeframes may be set by the committee.
9. Performance measurement data is analyzed against performance goals and benchmarks through the data analytics platform and other resources. Methods for analysis of performance are statistically valid and appropriate. Whenever applicable, the same methods are used consistently. AHN leadership provides oversight for the data-driven processes listed below.
 - a) The CCC supports performance indicator collection, analysis, and reporting. The resources used to collect, analyze, and use performance indicators include:
 - (1) Payer claims from value based contracts.



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- (2) Electronic medical records
- (3) Data analytics platform/population Health communication
- b) Mechanisms used to manage the data include the identification of a baseline measure and goals to establish acceptable levels of performance. The AHN Leadership team, with review and approval by the CCC, maintains a quality management dashboard that tracks the full list of each performance metric monitored, their baseline measurement findings, and target performance goals.
- c) AHN will benchmark its performance. This benchmarking is the responsibility of the Market VP of Population Health in collaboration with the AHN data and analytics team and will be done annually. The mechanisms used are:
 - (1) Internal quality goals
 - (2) Organizational year over year comparisons
 - (3) External performance data comparison, where available.
- d) Comparisons are considered valid when the sample size is sufficient to draw statistically valid conclusions.
- e) All data used will be evaluated for data integrity prior to integrating data that is used to manage key work processes. Methods to provide for data integrity may include:
 - (1) Monitoring the accuracy of data entry activities
 - (2) Using unique identifiers for client data
 - (3) Prevention of and management of duplicate entries
- f) AHN Leadership analyzes data to determine if defined performance metrics are being met and communicates performance updates to the CCC at least annually.
 - (1) If goals are not met, the CCC makes recommendations to leadership for activities that are designed to improve or correct any identified problem.
- g) If AHN is not meeting its goals regarding a specific metric, or if there is an opportunity for performance improvement, a performance improvement activity may be implemented. Performance improvement activities may include those



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developed to help meet quality, utilization, cost, or satisfaction measurement goals. AHN leadership is responsible for implementing quality improvement or action plan activities. The responsibility is shared between the Market VP of Population Health and Market VP of Medical Operations.

- D. Evaluating the effectiveness of the quality management program
 - 1. The AHN Leadership annually evaluates the Quality Management program effectiveness to assure that the quality program delivers results.
 - 2. The findings are reported to the CCC and AHN Board of Managers.
 - 3. The report will identify each performance indicator monitored and address the following elements:
 - a) Whether the goal for the metric was met (comparing the results to established goals)
 - b) Whether the resources were adequate and appropriate
 - c) Whether the right people were involved
 - d) An assessment of the program's impact (did the program make a difference)
 - e) Timeliness of performance improvement activities, including data collection, analysis and reporting.
 - f) Recommendations to improve the program effectiveness (what could have been done differently to improve the program's effectiveness)
- E. Communications regarding performance measurement and quality improvement activities
 - 1. Staff communications
 - a) The results of performance measurement and quality improvement activities, as well as any best practices that emerge from the organization's quality management activities, are communicated to AHN's staff that are impacted by or could have an impact upon those activities via the following methods:
 - (1) Staff meetings
 - (2) Internal/external postings on the AHN website, such as the Annual Value Report
 - (3) Data analytics platform
 - (4) Committee communication



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- b) The AHN Leadership staff shall prepare performance measurement and quality improvement activities reports for presentation to the CCC for each of its annual meetings.
- c) These reports are a part of each meeting's agenda and shall include updates on performance indicators and metrics.
- 2. Other stakeholder communications:
 - a) Outcomes and results are communicated during employer-based client leadership meetings annually.
- 3. AHN leadership is responsible for communicating results to the relevant parties listed in Sections IV D.1-3 above.
 - a) Measures to be reported are based on agreed-upon measures of performance by the AHN Leadership, AHN CCC, employer-based client leadership, and other relevant stakeholders.
- F. Quality management process
 - 1. Program implementation of a systematic, evidence-based quality improvement process is the responsibility of the AHN Leadership.
 - 2. AHN Leadership in collaboration with the CCC selects, approves, and collects quality indicators using defined performance metrics that are objective and quantifiable. The performance metrics/effectiveness indicators are used to identify quality and service trends and their associated quantifiable goals for acceptable levels of performance. The goals for each of these measures are defined by the individual contracts. These measures may include the following:
 - a) Utilization of services rates and patterns
 - (1) Total enrollment, average length of stay, percent of total admits readmitted within 30 days, percent of ER avoidable visits, ER visits per 1000 lives (annualized), total number of readmissions within 30 days, percentage of generic prescriptions, measured utilizing AHN's data and analytics platform
 - b) Medication adherence
 - (1) Medication adherence is measured utilizing AHN's data and analytics platform or other payor's data platform
 - (2) Medication Adherence will be measured for chronic conditions such as hyperlipidemia, hypertension and diabetes mellitus Type 2
 - c) Cost of care



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- (1) Medical spend PMPM, pharmacy spend PMPM, measured utilizing AHN's data and analytics platform
- d) Health status changes/consumer engagement
 - (1) Engagement of at-risk members in care management programs, transitions of care, high risk outreach, chronic condition management, outreach progress, measured utilizing AHN's data and analytics platform
- e) Satisfaction metrics include contract specific satisfaction surveys/measures such as CAHPS (Consumer Assessment of Healthcare Providers and Systems)
 - (1) Consumer satisfaction surveys are conducted by the contract payer. Performance reports are shared with AHN annually
- f) Quality Measures
 - (1) See AHN [Quality Measure Crosswalk](#) for quality measures. Quality measures are develop using AHN's data and analytics platform
- g) Transitions of care
 - (a) Inpatient admissions/discharges, emergency department visits, post-acute (Skilled Nursing Facility, Acute Inpatient Rehabilitation Facility, Long-Term Acute Care Hospital) admissions/discharges, see Section IV F. 2. d. above
- 3. The AHN data and analytics team in collaboration with AHN Leadership collects and analyzes performance data and ensures its integrity by collecting and remeasuring performance measures, aggregating data, reporting and communicating the results to the CCC annually using the same effectiveness indicators. This helps to monitor progress in meeting goals.
 - a) Quality management effectiveness evaluation assures that the quality program remains relevant and that progress toward goals is evaluated rigorously.
 - b) Annual remeasurement timeframes are set by AHN Leadership in collaboration with the CCC.
 - c) If goals are not met, the CCC makes recommendations to leadership for activities that are designed to improve or correct any identified problem.
 - d) Additionally, the CCC meeting minutes communicate results to the AHN Board of Managers annually.



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4. AHN leadership in collaboration with the AHN data and analytics team analyzes data to determine if defined performance metrics are being met; if not met, the CCC recommends action plans and improvement activities that are designed to correct any identified problems to meet acceptable levels of performance.
 - a) This includes revising current improvement plans if performance goals are not sufficiently met or sustained.
 - b) Action plans are implemented to correct identified problems or meet acceptable levels of performance.
 5. Annually, the CCC minutes will include a report for the AHN Board of Managers, summarizing the activities conducted under the quality management program. This reporting will be documented in meeting minutes.
 6. The quality management process helps AHN improve health status throughout the population by monitoring and measuring utilization patterns, medication adherence, costs, and healthcare status changes.
- G. Metrics development
1. AHN Leadership develops measurement and reporting metrics. CCC approves measurement and reporting metrics.
 - a) These are developed with input from key CIN stakeholders including providers and contracted payers.
 - (1) Measures for performance include mutually agreed upon, validated quality, cost, efficiency key performance indicators and measures which are outlined in each individual value-based contract.
 - (2) CIN leadership identifies these stakeholders depending on the payor contract.
 - b) Measurements and reporting metrics are listed in Section IV F.2 above.
- H. Internal performance measurement and reporting
1. ANH Leadership collects and analyzes data and reports results annually to the CCC including clinically integrated providers in the network. The minutes of the CCC review are forwarded to the AHN Board of Managers. Data is collected through a secure analytics platform. Analysis is completed through standardized dashboard reporting within the platform or through ad hoc reports with the raw data. Analysis follows the accepted principles listed in Section IV B.3.a above
 - a) Current measurements are compared with pre-defined goals.
 - b) Data is reviewed to assure appropriate utilization of health items and services.



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- (1) Utilization of health services
- (2) Utilization of pharmaceuticals
- c) Data is reviewed for outcome measures related to the following:
 - (1) Accepted clinical practice:
 - (a) Outcomes related to CIN selected guideline usage: see AHN website for specific [Evidence Based Guidelines \(EBGs\)](#) and [quality crosswalk](#)
 - (2) Quality standards: Refer to Section IV G above, for quality metric development. Quality performance is reviewed annually by the AHN CCC to determine progress towards defined goals.
 - (3) Case management/care coordination programs: Engagement of at-risk members in care management programs, number of cases opened in care management, transitions of care, high risk and chronic condition management outreach progress, measured utilizing AHN's data and analytics platform.
- d) Data is reviewed for financial measures of service delivery efficiencies and associated costs of care.
 - (1) Financial measures of efficiencies: Network Fidelity Reports identifying potential financial efficiency opportunities
 - (2) Cost of care measures: Medical and pharmacy per member per month costs
- i. Levels of performance reporting
 - 1. AHN reports on performance metrics that are agreed upon by the clinically integrated payers and providers.
 - a) Payers and providers agree on performance metrics for the contracted population.
 - (1) Provider and Payor Representatives from networks have the opportunity to review and approve metrics and to participate in CIN developed measurement metrics annually.
 - (2) Metrics are reviewed via CCC and are approved by a quorum vote.



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- b) Information is reported on the following levels from the analytics platform, as applicable:
 - (1) Individual clinicians
 - (2) Medical group(s)
 - (3) Individual service locations
 - (4) The clinically integrated network
- c) AHN Leadership collects and reports this information to identified stakeholders.
- J. AHN shares its performance data and trends internally and externally as required by payers/purchaser contracts and/or for public reporting and comparative purposes.
 - 1. Performance data and trends are shared externally with value-based contract leadership annually.
 - 2. Performance data and trends are shared externally for public reporting and comparative purposes annually through the Center for Medicare and Medicaid Services (CMS) for the Pathways to Success program, the AHN newsletter, and the AHN Annual Value Report.
 - 3. Other voluntary reporting occurs through the AHN newsletter, the AHN Annual Value Report, and the AHN Connect app.
- K. Performance Improvement
 - 1. AHN Leadership reviews annual performance metrics to improve the provisions of clinically integrated care to consumers based on opportunities to improve.
 - a) Annual performance metrics are shared with the CCC and the AHN Board of Managers annually.
 - b) AHN leadership compares current performance metrics to established goals. If the organization is not meeting its goals, or if there is opportunity for improvement, a performance improvement project may be implemented to improve clinically integrated care to consumers. Oversight of quality improvement activities is a shared responsibility between the Market VP of Population Health and Market VP of Medical Operations.



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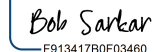
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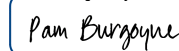
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You do not have to agree to electronic signatures and communications. If you do not agree, do not sign this form. Instead, please ask your contact at CommonSpirit Health for paper documents, and they will be provided without charge, although this may result in a processing delay. If you do consent, you may withdraw your consent at any time by notifying CommonSpirit Health, and your withdrawal will take effect after a reasonable time for processing. Withdrawal of consent will not affect the validity of documents signed electronically when your consent was in effect.

Hardware and Software Required

You understand that your consent to electronic signatures and communications requires the following software and hardware, to which you have access. These requirements are subject to change. Required: *An email address, internet access, Adobe PDF reader or other software capable of opening and displaying a document in PDF format, and a computer device capable of running that software.*

Summary

If you agree to use electronic signatures and communications as described above, please check "I Agree." If not, please contact us for an alternative way to submit your paperwork.