

SUBJECT Quality Assessment & Performance Improvement Program	CHAPTER 01	SECTION 04	SUBJECT 01
CHAPTER Administration	SECTION Quality Management		
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I. APPLICATION:

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| <input checked="" type="checkbox"/> PIHP Board | <input checked="" type="checkbox"/> CMH Providers | <input checked="" type="checkbox"/> SUD Providers |
| <input checked="" type="checkbox"/> PIHP Staff | <input checked="" type="checkbox"/> CMH Subcontractors | |

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP to have a Quality Assessment and Performance Improvement Program (QAPIP) that is a coordinated, systematic and system-wide approach to ensure improvement in clinical and non-clinical operations. It is expected that the PIHP’s network of providers will deliver the best services at the best value. Input is incorporated from individuals served, network providers, and other stakeholders.

III. DEFINITIONS:

Quality Assessment and Performance Improvement Program: The overall quality management system that assesses the PIHP’s performance in providing quality supports and services. The program is a coordinated approach to improving the quality and safety of clinical services and outcomes. Requirements of the QAPIP are defined by the Centers of Medicare and Medicaid Services (CMS) within its Code of Federal Regulations (CFRs); and by MDHHS within its PIHP Medicaid Contract (Attachment P7.9.1 Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans).

Quality Improvement Program Work Plan (QI Work Plan): The annual plan approved by the PIHP Board that defines the QI Program’s (QAPIP) prioritized goals and activities to improve the overall services and outcomes of the PIHP and its provider network.

Quality Management (QM): An ongoing function used to monitor, evaluate, and improve the access, effectiveness, efficiency, quality, and cost of mental health and substance abuse services.

IV. STANDARDS:

- A. The QI Program shall be clearly defined, with responsibility assigned to appropriate parties and individuals. The QI Program description shall fully detail the implementation of the QI Program.
- B. The QI Program shall be directly accountable to the PIHP Board.

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- C. The PIHP Board shall annually approve a QI Program Work Plan for each fiscal year. The QI Work Plan shall contain the following elements:
 - The annual goals and specific objectives (activities/tasks) to be achieved by the program for the upcoming year for improving: Quality of clinical care, Safety of clinical care, Quality of service, and Members’ experience;
 - The time-frame for each activity or task to be achieved/completed;
 - The responsible staff and/or provider organizations for each activity;
 - Monitoring of previously identified issues;
 - Evaluation of the QI Program.

- D. Input shall be obtained from representatives of the PIHP provider panel, representatives from relevant healthcare systems, other healthcare practitioners, and from individuals served by the PIHP network in designing the annual QI Work Plan.

- E. The PIHP CEO is the designated senior official responsible for the QI Program implementation and the Quality Improvement Committee (QIC) shall be the PIHP Board’s designated body to implement the overall QI Program and its annual QI Work Plan. Additionally, the PIHP Medical Director provides direct clinical oversight and medical supervision of the QI Program Plan.

- F. The QI Committee shall create an organizational environment, based on quality improvement structures, expertise, and activities, to achieve the QI Program’s desired outcomes. For purposes of the QI Program, the QI Committee shall minimally contain the following membership:
 - PIHP Chief Executive Officer (CEO) (Chairman)
 - PIHP Medical Director
 - PIHP Chief Finance Officer
 - PIHP Chief Operations Officer
 - PIHP Chief Information Officer
 - PIHP Chief Clinical Officer
 - PIHP SUD Director
 - PIHP Administrative Director
 - PIHP Compliance Officer
 - Standing Committee Chairs

- G. The PIHP shall evaluate the overall success of the QI Work Plan on a quarterly and annual basis. The periodic and final reports shall be reviewed with the QI Committee and PIHP Board. The PIHP Board shall approve an updated QI Work Plan as necessary to reflect progress on quality improvement activities throughout the year, as well as allowing flexibility of new goals and activities, as new issues are identified.

- H. Status/final reports on the overall effectiveness of the QI Program shall be reviewed with the

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designated Consumer Advisory Councils; any input for future improvement recommendations will be reviewed. Input from individuals served shall also be obtained on the proposed annual QI Work Plan.

- I. The PIHP shall measure its performance using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. The PIHP must utilize performance measures established by the Michigan Department of Health & Human Services (MDHHS) in the areas of access, efficiency, and outcome, and report data to the state as established in the contract. The PIHP may establish and monitor other performance indicators specific to its own program for the purpose of identifying process improvement projects.

V. PROCEDURES:

PIHP Board

1. Establishes the overall Quality Improvement Program for the PIHP by approving the QI Program Plan. Makes formal modifications to the QI Program Plan when necessary.
2. Annually develops and approves a QI Work Plan to be implemented by the PIHP and its provider organizations.
3. Ensures provider, consumer and community stakeholder input is received by the PIHP prior to approving the annual QI Program Plan.
4. Receives periodic and final reports on the Quality Improvement (QI) Work Plan, adjusting the Plan as necessary.

QI Committee

1. Acts as the PIHP Board's designated body to coordinate day-to-day functional implementation of the QI Program and annual QI Work Plan.
2. Establishes committees, workgroups, or makes individual assignments to accomplish the scope, objectives, activities and/or projects of the Quality Improvement (QI) program, and its annual QI Plan.
3. Identifies opportunities for improvement in the systems and processes of the agency and recommends policy, standards, or administrative adjustments.
4. Educates staff about the QI Program Plan and their responsibilities related to quality care or services.

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5. Monitors the overall performance of the QI Program, holding committees, workgroups, professionals, and programs accountable for planned activities and outcomes.
6. Assures that the QI Work Plan is always maintained and supported.
7. Assists as needed in the annual evaluation of the QI Work Plan and provides recommendations for improving the efficiency and effectiveness of the Plan.

PIHP

1. Takes lead to develop the QI Program and annual QI Work Plan. Ensures these documents are in compliance with CMS, MDHHS and PIHP policy guidelines.
2. Provides periodic “status reports” on the QI Work Plan to the PIHP Board and QI Committee providing improvement recommendations as necessary. Reports will be completed on a quarterly and annual basis.
3. Ensures the development of an annual report on the QI Program Plan. Ensures dissemination of the report to interested parties, either directly, or through designated PIHP staff.
4. Forwards annual status report to MDHHS per contract requirement after review by PIHP Board.
5. Annually evaluates the QI Program, making improvement recommendations to the PIHP Board, as necessary.

VI. EXHIBITS:

- A. Quality Improvement Organizational Structure

EXHIBIT A

QUALITY IMPROVEMENT ORGANIZATIONAL STRUCTURE

