Kaiser Permanente of Washington

Quality Plan and Program Description

2018

Approval Schedule:

KPWA- Quality Committee: January 23, 2018
Quality and Health Improvement Committee (QHIC): ____________
KFHPWA Board: ____________________
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Introduction

Kaiser Permanente Washington enjoys a rich history of accomplishments in quality performance and improvement. We have been pioneers in evidence-based medicine, in the use of information technology to improve health care, in applying research to clinical practice, and in defining the ideal model for care delivery for patients with chronic disease. We continue to lead our improvement work on the basis of evidence-based medicine. We do this by leveraging information technology to improve the patient care process and experience and applying research to clinical practice. This assists us in defining the ideal model for care delivery for the range of patient health status, from wellness to chronic disease management.

As highlighted in the 2017 Quality Program Evaluation, KP Washington continued its position as one of the best and most innovative health care organizations in the geographic area it serves. This was demonstrated by retaining accreditation for NCQA, achieving 4.5 in the Medicare Star rating program, strengthening the top rating on quality care measures by our own medical practices in the Washington Health Alliance and receiving the top score in the bi-annual E-Valuate, a quality evaluation process used by purchasers comparing Health Plans across the country on several dimensions of health care quality. Finally, all 25 KP Washington Medical Centers received the highest level of recognition as a Patient Centered Medical Home program. This demonstrates the use of a systematic, patient centered coordinated care that supports access, communication and patient involvement in their care.

Our service satisfaction as measured by Press Ganey in our owned and operated care delivery system and the overall member experience as measured by CAHPS have been an area of continued focus this past year. While there has been a slow but steady trend of improvement in Press Ganey results and this year, improvements in all measures for the CAHPS Commercial population, we know that competitors are also improving at a faster pace. In the Medicare CAHPS results, we had significant declines in a few areas, specifically in the Rating of the Health Plan, Rating of the Drug Plan and Getting Needed Prescriptions. We believe these declines were significantly impacted by the pharmacy information system implemented in Q4 of 2016 and severely impacted the experience of our members who needed prescriptions.

Consistent with the 2017 KP Washington Strategic Plan focus areas, improving the member experience has been front and center; there has been a strong emphasis to improve access in primary care, Specialty and Behavioral Health to consistently deliver on the promise of KPWA to provide care when and where members need it. Under new leadership, a 3-5 year Service Strategic Plan was developed and multiple tactics focused on improving the employee and member engagement NOW were implemented (e.g., member services in clinics, facilities refresh, data transparency, video visits in Behavioral Health and innovation pilots) and will be continued in 2018. We believe that, while the tactics are intended to satisfy our members, in order for us to reliably be the place that members come to for their care and choose to stay with us is dependent on our ability to deliver excellent service at every interaction which requires a system wide shift in culture.

Over the last year, KP Washington focused our efforts on maintaining operations while managing the transition of the acquisition from Group Health to KP Washington. As the newest Region in KP, we are committed to assuring that KP Washington continues to provide high quality, affordable health care services while improving the health of our members and the communities we serve. We believe that we can be consumer-centric, high quality, remain affordable and live the KP mission.
Vision for Quality
Our vision for quality is predicated on our continued belief that KP Washington’s approach to care delivery results in better clinical outcomes and service for our members at an affordable price. Our integrated approach to care delivery and financing continues to distinguish us from other health care providers and health plans in this changing market with an opportunity to leverage these advantages.

Our medical group remains central to our ability to provide quality care and service at a lower cost within our owned and operated Delivery System. We must continue work to ensure a future that provides high quality care for our members regardless of where they receive it. Employer purchasers and members are demanding that we demonstrate value via more effective solutions for managing health, wellness and chronic conditions. Our future means that all our members will consistently say that KP Washington provides:

- The best care, information, expert advice, and support
- A superb service experience
- Value that exceeds needs and expectations

We believe in using the best available scientific evidence in our decision-making, tools, and practices. We strive to embed quality improvement, innovation and implementation science as core elements in our strategies to improve care delivery. We believe in the importance of providing consistent care in our processes, reducing unwarranted variation and building reliable clinical information systems to support care delivery. We believe that care ought to be patient centered, providing timely, expert information to patients that allows them to make better care decisions.

We also believe that a productive relationship between physician, practice team, and patient is critical to better health care outcomes, safer care, and a better care experience for the patient. These beliefs are the key components of the Planned Care Model (Wagner, et. al., MacColl Institute for Healthcare Innovation), KP Washington’s model for care delivery that guides the implementation of our vision for quality. We know that when the key components of the model are supported by leaders and organized around a patient-centered, integrated system of care, we will achieve health outcomes that out-perform our competitors.

The KP Washington quality vision is aligned with the Triple Aim which is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. The premise of the Triple Aim is to simultaneously pursue three dimensions (which are called the Triple Aim)

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

KP Washington is uniquely positioned to achieve our quality vision thanks to the excellence of our providers, our ability to efficiently and effectively organize care around patient populations, our use of technology to support personalized care and the expertise, industry experience and programmatic support available to us as one of eight Regions within the Kaiser Foundation Health Plan.

Patient Centered Care
Our clinical quality strategy is the core focus for how we ensure the best delivery of health and health care at KP Washington. Patient centered care is a singular strategy that reliably provides our patients opportunities to
address their wellness and chronic care needs whenever we work with them. We continue to leverage our investments in Epic, My KP and other clinical information systems (e.g. care management and pharmacy systems) to make the right thing the easy thing to do, with activated patients and clinicians.

The three major tactics to support this work will continue as:

1. **Opportunistic Care:** The most efficient approach toward delivering comprehensive care is to anticipate all of a patient needs and deliver them at the time of scheduled services. We will continue to build and strengthen point of service tools, including those for patients, with information that allows clinical teams the ability to address needed preventive and scheduled chronic care services for the patient at the time of the visit. Our goal is that the majority of our patients finish their visit with us with all their clinical needs having been recognized.

2. **Patient Activation and Outreach:** We will continue to invest in improving and developing tools to activate patients to act to improve their health through reminder systems (birthday and gap letters, IVR, KP.org secured messaging reminders) and our health assessment tool that identify all of the opportunities to improve both preventive and chronic illness care. We will continue to support opportunities for patient self management including methods for participating in behavior change to improve self management of chronic conditions (e.g., health coaching and self-management on line and in person workshops for people with chronic conditions) and use of specific tools for shared decision making for preference based care interventions.

3. **Care Management: Chronic Disease Management:** We will appropriately evaluate and consider alternative designs to deliver effective care management and outreach with specific interventions to improve outcomes for specific chronic disease populations (e.g., diabetes, heart disease, depression).

4. **Feedback:** Performance improves only when metrics are well defined and available for ongoing visual inspection. We will continue to improve the completeness and timeliness of performance reporting, including the use of tools that support patient-centered rather than disease oriented performance. We will continue to evolve the incentive system in primary care and as appropriate Specialty, across the Enterprise to support clinical and service excellence by continuing to move away from an emphasis on productivity towards service and clinical quality outcomes among provider panels and clinic populations.

**Reliability: Characteristics of Effective Quality Improvement**

The Committee on the Quality of Health Care in America has identified six characteristics of quality improvement that need to be present to effectively address key areas where America’s health care system functions at sub-optimal levels. KP Washington will continue to apply these characteristics while working to create and sustain a culture of reliability where all care processes are performed as intended consistently over time. The characteristics essential for an effective quality program include:

- Safe: Preventing injury to patients.
- Effective: Providing services that are based in scientific evidence.
- Patient centered: Providing care that is respectful and responsive to the patient preferences, needs, and values and ensures that patient values guide all clinical decisions.
• Timely: Reducing waits and sometimes harmful delays for those who receive care and for those who give care.
• Efficient: Avoiding waste, including waste of equipment, supplies, processes, ideas and energy.
• Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

A culture of reliability, when developed and sustained, means that systems and processes are performed as intended consistently over time. When that happens, we provide safe care with no harm, evidence based care that is clinically excellent, patient centered care that is most satisfying and efficient and effective care that both meet the patient’s needs and contributes to our affordability.

Reflections Regarding Achievement of 2017 Safety, Service and Quality Goals

The method we have utilized to monitor progress towards achievement of organizational clinical quality targets has been to monitor progress in several prioritized populations across the Enterprise. Optimizing performance in these areas are the most significant contributors to 5 Star, NCQA and other quality ratings. In 2017, we improved clinical outcomes in several areas including management of diabetes, hypertension, asthma and post fracture care for older women. In the areas of preventive care, we have deployed universal screening in our primary care clinics for alcohol, depression and substance use disorders. While we have improved in several areas, we will meet some, but not all the clinical quality targets we established for year-end 2017.

What Did We Learn?
Improving Clinical Quality

At the end of 2016, KP Washington leaders assessed and invested in several efforts to enhance primary care’s ability to improve management of chronic conditions. These investments included the establishment of a centralized but locally deployed team of population care manager RNs to manage patients with diabetes in collaboration with the team RNs in primary care. Additional clinical pharmacy resources were added to improve medication adherence for diabetes and heart disease. In collaboration with primary care and quality, pharmacy led an asthma improvement effort to better standardize asthma care. Clinical pharmacists and care management nurse resources were added to assure that reliable medication reconciliation occurred to all hospitalized Medicare patients after discharge. We established MD quality champions in every primary care clinic whose role is to champion and facilitate local QI efforts to improve clinical outcomes. We believe all these investments have demonstrated impact based on performance trends. Some were not fully implemented until the third quarter and while we are seeing positive trends we will not fully realize the total impact until 2018.

We did strengthen our efforts to improve the reliability of patient centered care processes in both primary care and Specialty. There has been an improved use and adoption of leadership rounding, use of learning boards, transparency of performance data and participation in local quality improvement efforts. However, based on a clinic reliability assessment and observations of leadership rounding, there is variation in consistent use of the leader tools and behaviors that are necessary to build and sustain a strong reliability culture.
We believe these investments and leadership focus have influenced improvement. While there is a positive
trend in many areas, we are not confident that we will meet all the clinical (or service) targets by year end.
Root cause analysis conducted by operational and quality leaders identified several factors that have impeded
optimal performance. These include:

- There is a perception by front line operational leaders of continued competing priorities that interferes
  with the ability to focus and execute well in all key areas. There remains a tendency to bring several
  initiatives for simplicity of execution but lack coordination with each other.
- The role of the RN in primary care was revised to ensure more dedicated time for chronic disease
  management, with process metrics to monitor the population management work. Ten population care
  RNs were hired to support the CMD work in all 25 primary care clinics. While these changes and
  additions have contributed to improved outcomes, they have only been fully utilized for six months.
  In addition, persistent staffing issues in the team RN group continue to interrupt their ability to reliably
  do the CDM work, shifting more patients to the centralized team.
- While there has been continued training in reliability and quality for new staff and managers, this does
  not translate into practice habits of key leader or staff behaviors. There is acknowledgement of the
  need to “refresh” reliability curriculum that focuses on the “vital few” leader and staff behaviors and
  integrates the curriculum into daily practice more easily.
- There is a recognition that addressing care gaps opportunistically and conducting outreach both
  Enterprise wide and locally for those patients who do not come in or need additional prompts for
  activation are the right tactics and our teams are still in a process of improving their reliability in these
  areas. The plan to implement more centralized approaches to team outreach was not realized in 2017
  but will be integrated with the launch of Healthy Planet, the Epic tool in development most of 2017
  but not slated for implementation until Q1, 2018.
- While there are multiple strategies to improve clinical outcomes in the contracted Network, because of
  the large and diffuse network where 40% of our members are seen by contracted providers, there is
  recognition that the current strategies are insufficient to achieve the current targets.

Quality and operational leaders conducted an assessment of quality performance in Q3 to understand gaps and
opportunities in order to develop a focused action plan that prioritized tactics and accountabilities to ensure
improvement occurred for the remainder of 2017 but more importantly, that work processes requiring staffing
and re-design be prioritized to optimize performance in 2018. The action plan included additional outreach in
Q4 including fit kit distribution to targeted Network Medicare patients, the use of IVR and single reminder
letters to targeted populations and the launch of an improved process metrics that provides feedback about the
effectiveness of the RNs in their diabetes population management.

There is a monthly analysis of all the metrics associated with Medicare 5 Star and recommendations made for
specific interventions to assure improvement and/or ability to sustain high performance.

**Improving the Customer Experience**

CAHPS performance improved in all areas for the Commercial population and the Press Ganey had some
improvement in the overall mean score for the Care Delivery System. There were significant declines in
several of the Medicare CAHPS measures. We believe these declines are largely due to the impact of the
pharmacy information system implementation in Q4, 2016. There were a number of processes impacted by
this implementation that made getting prescription in a timely manner very challenging, making a poor
service experience for many members, with a higher proportionate impact to senior members many of whom
are on multiple medications. The processes have now been improved and are running smoothly. Since this implementation, pharmacy has implemented a specific JD Powers survey to regularly receive member feedback about pharmacy and its care processes to better monitor performance and target improvement efforts.

In the Care Delivery system, the overall medical practice Press Ganey score has demonstrated a slow but steady trend of improvement over the past two years. At the Care Delivery level, there were efforts to coach, train and emphasize improvement in service behaviors. These behaviors have still not yet changed across all areas of the Care Delivery system. We believe there is a need to reassess the approach to facilitate improvements that result in habit formation of the key behaviors that result in a service culture.

Across the Enterprise, as described in successes this year, there were improvements in key processes that were demonstrated in better CAHPS scores for the Commercial population. Much of this work will continue and increase throughout 2018 as part of the Service Strategic Plan. This includes a multi-pronged approach to improving access to primary care, Specialty and Behavioral Health Services. There is strong evidence that indicates when access to care, service and treatment suffers; the perception of all aspects of the member experience also is impacted.

**Reporting and Feedback**

The enterprise quality dashboard strengthened its focus in 2017 to assure alignment with KP National priorities and KPWA quality goals related to safety, service, care management and clinical quality. There are still opportunities to identify and track metrics that directly correlate to interventions that drive improvements. The customer satisfaction metrics have more satisfactorily measured data with actionable information in the Care Delivery System and the new KP Washington dashboard to monitor various aspects of the customer experience in other areas. The measurement plan for clinical HEDIS metrics was changed in 2015 and has had a number of improvements to incorporate relevant process metrics that provide an indication of the path to improved outcomes. This Quality Focus Report has provided monthly performance data from the Enterprise to the provider level and is regularly visually posted throughout ambulatory care to support monthly tracking of performance. Even with the improvements, there are recognized limitations of the QFR and the current Epic dashboard. There is work underway now and will continue in 2018 to re-design the Clinical Cascade for easier accessibility to front line leaders and the Epic dashboard which will be improved and updated once the Healthy Planet tool is launched.

**Successes in 2017:** We made progress and had some key successes in the following:

**Patient Safety**

- We have achieved a sustained reduction in Serious Safety events over the last four years. We expect to achieve the 2017 target of no more than 10 SSE events by year end.
- Leaders have demonstrated practice habits for some reliability tools (e.g., starting every meeting with a patient story, daily safety huddles, leadership rounding).
- There has been continuous improvement and timely response in the SSE RCA (root cause analysis and action planning).

**Improvements in Patient Care Strategies:**
• Establishment of a centralized and locally deployed population care manager RN team with a focus on chronic disease management for diabetes in collaboration with primary care team RNs and this has resulted in a beginning reliable trend of improvement in management of diabetes care.
• Investments in clinical pharmacy and care management resources resulted in focused strategies to improve asthma, medication reconciliation and medication adherence for diabetes and heart disease resulting in improvement in all these measures by year end.
• Establishment of MD quality champions in primary care to champion clinical quality QI efforts focused primarily on the six priority populations has generated enthusiasm, multiple local improvement efforts, identification and dissemination of “best practices” within and across clinics. The impact on population outcomes is not fully established yet since the full implementation was not complete until Q3.
• Implementation of a palliative care Specialty team with initial work within Bellevue ambulatory care.
• Establishment of a nurse practitioner team that provides post fracture management for women over 65 has resulted in over 33% improvement in outcomes since January.
• Implementation of a systematic method for annual universal screening for common behavioral health conditions in the primary care setting resulting in 87% of patients over 18 receiving depression and alcohol screening when seen in primary care.

Provider Engagement: Contracted Network
In the contracted Network, there is evidence of gains in improvement in a targeted group of provider practices where we have implemented a comprehensive approach with quality incentives, consistent feedback and adoption of our clinical quality tools, partnership for member outreach and the use of a program to better capture HEDIS data.

Improving the Customer Experience
KPWA has made progress over the last four years to improve the patient experience. This is demonstrated by a slow but steady improvement in the overall Press Ganey mean score, now at 91.7. While this is a statistically significant difference from four years ago, it is not yet keeping pace with other provider practices outside of KPWA. This year, all CAHPS measures for the Commercial population improved, notably KPWA’s HMO rates on the Getting Care Quickly and Getting Needed Care access CAHPS measures are higher than the KP average and the rate is higher than most Health Plan competitors in the local market. These are a result of multiple strategies over the past year, including efforts to improve primary care and Specialty access, expansion of access to virtual care services, adoption of several member engagement strategies, including the implementation of KP’s best practice for new member onboarding.

Hospital Services
KPWA opened a 50-bed low acuity inpatient medical-surgical unit at our Central Hospital in Seattle. This unit serves as a strategy to provide medical and surgical inpatient beds. KPWA hospital services are contracted through 42 hospitals in Washington State with an average daily census of 427, and average length of stay of 3.96. Opening our own unit provides the opportunity to direct appropriate admissions as well as repatriate patient from contracted hospitals in the surrounding area.

2018 Quality Hypothesis to Achieve Goals
The execution of a focused Action Plan with critical tactics will achieve the 2018 quality goals. This will result in a more highly reliable organization with demonstrated improvement in the patient experience of care,
including safety, service and clinical quality and will contribute towards reducing the per capital cost of health care. The hypothesis for achieving the 2018 goals includes:

- Commitment to strategies that create a genuine culture of service with all staff taking accountability for making the customer experience the best it can be will result in patients that say they had outstanding service every time they interacted with any staff in KP Washington.
- Committing to the integration of reliability as an organizing principle will result in more fully engaged leaders, providers and staff to achieve and sustain a patient safety, service and quality culture that optimizes the patient experience.
- Closing the gap from current performance to the 90th percentile for cancer screening, immunizations, diabetes, heart disease, depression and asthma by increasing patient and provider activation, opportunistically addressing the care gaps during each touch, giving timely feedback to the engaged provider and care team will result in improved clinical performance.
- If we continue to invest in the primary care medical home by refining the roles and responsibilities of the team including our proactive work by providers, pharmacy and nursing for chronic disease management, we will improve clinical outcomes for specific chronic disease populations.
- If we reliably execute the use of consistent workflow and use of tools across operational areas, conduct reliable checking and monitoring with leadership rounding, use process and outcome metrics with targets, we will continue on a trend of improvement.
- Extending patient activation strategies and tactics across the Enterprise including our ability to evaluate effectiveness of impact to broaden use of tools and technologies to reach patients more often and in new ways will result in increased patient activation and improved outcomes.

Building upon the lessons learned and successes from 2017, we have sharpened our focus on the critical continued need to drive improvement within the current work while extending efforts into new areas that leverage what we have learned and increase the rate of improvement. Fundamental to this work is the ability to continue to build reliable, consistent processes of care which include:

**Enhance our culture of reliability with a focus on safety and service:**

- Strengthen the implementation of reliability practice habits with the continued use and adoption of tools and tones of the high reliability model including a “refresh” for leaders and staff with a focus on three leader and three staff behaviors, providing a better opportunity to build and sustain practice habits.
- Implement the KP High Reliability Operating framework into the KPWA system, including staff outside of the Care Delivery System.
- Improve the measurement system to maximize learning by implementing a new/improved unusual occurrence reporting system, enhancing the detection of events.

**Improve the Customer Experience:**

- Continue the work in 2017 in the Care Delivery system to improve access in primary care, Specialty and Behavioral Health including the expansion of virtual care capabilities.
- Implement Regional Service strategies to improve member and employee engagement.
- Collaborate with the patient safety team in the implementation of a system to capture safety occurrences and customer complaints and use as additional data source for identifying themes and targeted opportunities for improvement.
Improve the design and execution of patient centric strategies for prevention and chronic disease management by:

- Improve and/or re-design the available Epic and Reporting tools that support patient centered strategies as well as improvements in documentation and coding to address chronic conditions and leveraging new opportunities that will emerge in 2018.
- Continue deployment of patient-centered information technology tools and reminder systems to improve opportunistic care and outreach, and increase patient activation across the enterprise.
- Strengthen centralized care management processes for targeted chronic disease populations, including depression and diabetes.
- Integrate the national clinical priority work into the 2018 strategic plan.

Develop a structure and system to improve clinical value by

- Consider adoption of a coordinated “clinical value” leadership team with quality, Care Delivery to oversee the creation and prioritization of improvement work associated with safety, clinical quality, service, MCR and clinical value work.
- Strengthening the use and adoption of shared decision making to all conversations about low value care.
- Implementation of evidence-based clinical improvement focused on specific low value care issues.
- Continuing efforts to provide transparent peer comparison reporting in the overall use of specific services to reduce unnecessary clinical variation in the global use of services and conducting variation analysis for specific specialties.

Improve the reliability of key processes that support clinical quality in the Care Delivery Systems:

- Strengthen the reliable work processes for opportunistic care and outreach, both in primary care, Specialty and pharmacy.
- Continue the reliable use of a routine cadence and structure for leadership rounding that is patient centered with focus on safety, quality and service.

Strengthen the strategies that support clinical quality in the Contracted Network and contracted hospitals:

- Refine and further standardize the Network practice engagement model with tools, cadence, feedback, data analysis, adoption of “best practices” across provider groups.
- Evaluate and spread the use of value-based contracting strategies to incentivize network providers.
- Explore the ability to embed KPWA clinical staff into Network provider practices for population improvement efforts.
- Strengthen the quality oversight for contracted hospitals.

In 2018, we will continue to monitor progress toward our goals using measures that are relevant to our customers and that can be benchmarked against other health care systems both locally and nationally. The HEDIS (Healthcare Effectiveness Data Information Set), CAHPS (Consumer Assessment of Healthcare Providers and Systems) and Medicare 5 Star quality measures are a core part of that performance measurement, target-setting, and monitoring process. Attention to the purchaser’s expectations, through eValue8, supported by the National Business Coalition on Health (NBCH), and interactions with our key purchaser groups will continue to carry KP Washington forward in demonstrating its leadership in value-based purchasing. Quality metrics will be revised as needed in 2018. These measures are comprehensive, covering a broad set of domains in clinical quality, care experience, and affordability. They allow us to continue to measure our progress and compare our results against other local and national health plans.
All quality improvement metrics in support of the Quality Plan goal will be monitored by the Quality Dashboard as approved by the KP Washington Join Leadership Team. The KP Washington management system includes periodic reviews and adjustment processes to ensure achievement of goals and results. When planned actions are not executed or expected outcomes not achieved, countermeasures will be developed and activated.

Quality goals and progress toward those goals remain the accountability of the KPWA Quality Committee and the Joint Leadership Team, and ultimately, the KP National Quality Committee and QHIC, the KP National Governing Body. The membership and accountabilities of these groups are described in the Quality Program Description.
QUALITY PROGRAM DESCRIPTION

Program Objective and Scope
A comprehensive Quality Program is essential to meeting organizational goals, carrying out its vision and promoting our approach to care delivery. The process for monitoring, evaluating and improving quality is designed in concert with the purpose and strategic plan of Kaiser Permanente of Washington (KPWA). Two key components of the process include:

- Involvement of medical and behavioral health care professionals in the analysis of data to identify opportunities for improvement, and
- The use of data to assist with the delivery of high quality healthcare, ongoing monitoring and evaluation of important aspects of care and service, and continuous improvement of systems and processes.

Under the direction of the KPWA Medical Director and KPWA President, the Quality Program is designed to promote high quality, safe medical and behavioral health care, and superior service to Kaiser Foundation Health Plan of Washington (KFHPWA) and Kaiser Foundation Health Plan of Washington Options, Inc. (KFHPWAO) enrollees and other patients who receive services within KPWA in a caring, personalized manner that is respectful of member and individual member values and choices. The KPWA Medical Director and the KPWA President delegate substantial responsibility for the quality program to the Senior Associate Medical Director for Quality & Safety and the VP of Quality & Safety, who co-chair the KPWA Quality Committee, the QI Committee for the organization. They are the designated leaders with substantial involvement in the QI program and are responsible for quality management and improvement activities. The quality assessment and improvement programs and outcomes are reviewed and approved annually by the Joint Leadership Team (JLT) and the Kaiser Foundation Health Plan of Washington (KFHPWA) Board as the governing body, with advisory review by the Quality and Health Improvement Committee (QHIC).

KPWA assumes accountability, through its Quality Program, for continuous quality improvement for all of our members for all product and plans, including KFHPWA and KFHPWA Options Commercial and Medicare and Medicaid lines of business. Due to changes in the state’s contracting strategy for Medicaid and Basic Health, KPWA (formerly Group Health) took a new approach to serving patients within these programs beginning July 1, 2012: KPWA currently functions solely as a delivery system through a contract with Molina Healthcare to provide care for this population.

Using the principles of population-based care for organizing our improvement activities, KPWA addresses member needs in a patient-centered manner while simultaneously acknowledging special needs of our members, in particular, our culturally and linguistically diverse members and those with complex health needs. KPWA strives to provide the same quality of care to all patients regardless of language or communication barriers and provides onsite and telephone interpretation and written translation services to ensure members and patients, regardless of language and communication barriers, receive the highest quality

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1 The scope of the KPWA quality program includes medical and behavioral health care, service, and care management in the owned and operated facilities and the contracted network, as well as patient safety and staff effectiveness.
2 Data sources include claims, encounter data, enrollment data, complaints and inquiries, utilization management data, and HEDIS data.
of care. KPWA’s complex case management program, as described in the Care Management Program Description, is designed to help members with multiple chronic conditions by providing resources and support to address these complex health needs. Special attention is paid to our obligations for oversight and monitoring of the Behavioral Health Care quality improvement program and for specific vulnerable populations of our membership such as those in our Medicare program.

The scope of our Quality Program includes oversight, monitoring and improvement of behavioral health care for members. The medical director for Behavioral Health Support Services (BHSS) is the designated behavioral health care practitioner most involved in the behavioral health aspects of the QI program. He is a member of the KPWA Quality Committee (KPWA-QC), BHSS Leadership Team (BHSSLT) and North Service Area Leadership Team, assuring accountability and ongoing engagement in the Quality Improvement Program. The BHSSLT is the organization’s committee for improving quality for behavioral health services. Key tasks for BHSSLT include setting the department’s quality agenda and providing input into organization and divisional quality plans. This oversight includes monitoring, planning, and taking actions to improve key aspects of quality including HEDIS performance, access, continuity and coordination of care, confidentiality, patient satisfaction, referral and triage functions, under/over utilization, use of new technology, and patient safety. (see BHSSLT committee description). Behavioral health representation or input is solicited for multiple quality committees to ensure these important aspects of care are considered; e.g., Patient Safety, Care Management Committee, Medical Technology Assessment Committee (MTAC), Pharmacy and Therapeutics Committee (P&T Committee), and relevant clinical practice guideline teams.

The organization, with oversight by the Joint Leadership Team (JLT) and KPWA-Quality Committee, provides a number of structures to address the monitoring and improvement work of clinical quality, service quality, patient safety, and utilization/ care management in both medical and behavioral health care provided to KFHP and KFHP Options enrollees.
Quality Improvement Planning Process
KPWA sees its commitment to improving the performance of our health care system performance as a key strategy—contributing to overall organizational success and viability. The diagram below illustrates the quality improvement planning process relies heavily on ongoing performance monitoring and assessment to identify potential organizational quality improvement priorities.

- Approval of Quality source documents.
- High level oversight of Quality program and performance.
- QHIC advises the KFHPWA Board on issues related to achieving and maintaining quality goals.
- Approve the Quality Program (Quality Program Description, Plan, and Evaluation).
- Oversight of Quality program and performance (i.e., Quality A3 and dashboard measures).
- Make resource decisions for strategic priorities, including the Quality Program.
- Set the Quality Agenda (Quality Vision, Priorities, and Performance Targets).
- Inform the strategic plan re: recommended organizational Quality priorities and performance goals and targets.
- Oversee the Quality Program, including the Care Management Program and KFHP Options, to assure it meets regulatory and accreditation requirements/standards; provide regular reports to JLT.
- Identify areas without systems to support continuous improvement or gaps in performance.
- Performance monitoring and analysis of QI activities/quality performance; identify potential gaps/ concerns.
- Identify improvement opportunities and plan strategies/toolkits to use.
- Coordinate with centralized quality support resources.
- Provide status reports to KPWA-QC (linked checking).
- Share best practices.

*Arrows indicate opportunities for interaction*
**Quality Program Implementation**

Implementation of our quality program continues to emphasize the use of lean principles and the promotion of a culture of reliability in key processes that foster improvement in safety, quality and service to patients. While our commitment to these principles is not new, we have not always been consistent in our approaches across leaders and teams with the application of leadership and staff behaviors that we know if reliably and consistently applied, will result in better and more sustainable outcomes. In 2018 we will continue to augment our work to ensure that key characteristics to improve quality are present in all of our operations. The attributes of successful, sustainable quality improvement that we will monitor include:

- Identification of customer requirements and the key processes that support meeting them.
- Development of reliable work processes that are sufficient to meet all of the requirements.
- Measurement of adherence to standards (defects in standard work processes).
- Establishment of in-process and outcome metrics, and regular tracking of performance.
- Use of visual controls to make the work and gaps visible.
- Evidence that progress towards goals is checked.
- Adjustments to plan that are supported by data.
- Implementation of counter measures.

Professionals from a variety of expert groups, including medical directors, front line physicians, consultant specialists, nursing staff, quality improvement staff, operational managers and others come together as a team that works with a high level of objectivity and integrity and utilizes sophisticated quality management tools and approaches. They analyze data to identify improvement opportunities, understand and identify variation in the care and service provided to members, and establish and develop system-wide approaches to meet agreed-upon quality outcomes.

To the greatest extent possible, quality improvement efforts are encouraged and supported at the local level. Health care and administrative teams are charged with reviewing performance according to the agreed-upon measures and goals, analyzing and agreeing upon the areas that require the most improvement and designing strategies to close performance gaps. These teams are supported in performing rapid-cycle continuous improvement activities. Performance data and expert consulting resources are available to assist local teams. This local level work is directly linked with the organizational goals that are agreed upon by the Joint Leadership Team. The teams are asked to share their progress on a monthly basis to the KPWA Quality Committee and to each other so that cross-organizational learning can take place. The expected results are to provide high quality care and service that is patient-centered and supports practitioners with the tools and support needed to provide excellent care and service.

KPWA continues to focus on providing high quality and safe care and service to members while controlling costs through proven medical management strategies. This focus requires continued emphasis on ensuring that each activity of our business adds value to the delivery of care and service. Central to this effort are: the development and implementation of evidence-based guidelines, medical management strategies, and population –based care programs; support for physicians with information about their patients; centralized systems, where applicable, that provide patient-centered reminder systems; and, information systems that provide valid and reliable data for ongoing assessment and feedback.

**Evaluation of the Quality Program**

The Quality Program at KPWA is formally evaluated annually by the Joint Leadership Team (JLT), the KPWA Quality Committee, and the KFHPWA Board, as the governing body. The intent of the evaluation
process is to determine whether areas identified as needing improvement have been appropriately addressed, established indicators adequately assess the performance of the organization’s quality of care and service, and objectives are being effectively and efficiently accomplished. The evaluation includes an assessment of the overall effectiveness of the QI program, including progress toward influencing safe clinical practices throughout the delivery system, as well as monitoring other aspects of the program, such as practitioner availability, over and under utilization, and complaints and appeals.

**Confidentiality**

Respect and recognition of the sensitivity of quality assessment and improvement information is of primary importance. Quality assessment information is available only to duly authorized personnel. Some quality assessment information is considered confidential and is protected from discovery/disclosure based on local, state, and federal statutes. KPWA (formerly Group Health Cooperative) operates a State of Washington Department of Health approved Coordinated Quality Improvement Program (RCW 43.70.510). This voluntary program provides some protection of certain information and documents created through quality assessment and improvement efforts.
Quality Program Structure and Accountability

The overall organizational structure is depicted in Attachment 1. Attachments 2-5 represent the organization’s quality structures.

The Clinical Excellence & Integration Division provides oversight for the enterprise Quality function by supporting processes, practices, and improvements. Quality is one of the four focus areas of KPWA’s Business Plan and is led by the Vice President of Care Delivery, Quality and Resource Stewardship who is the Quality pacesetter. The Quality pacesetter sets the tempo for Quality as a business strategy and engages managers and staff in meeting the targets established. The Quality pacesetter is responsible for removing barriers that stand in the way of continuous improvement, breaking down silos between functions, resolving conflicts, representing customers, and ensuring that KPWA is making progress toward goals.

The delivery system is accountable for quality improvement. The Care Delivery functional area encompasses the majority of KPWA’s owned and operated clinical services, including a hospital, 25 primary care medical centers, 6 specialty care units, 7 behavioral health clinics, and numerous other clinical sites providing vision, speech, hearing, and retail services, as well as oversight of all contracted network care and care management functions.

The following serves as a description of the various committee and leadership structures at KPWA which are designed to promote and support excellent quality of care and service.

The following committees and groups provide oversight of the quality improvement work throughout KPWA:

<table>
<thead>
<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joint Leadership Team (JLT– meets bi-weekly)</strong></td>
<td>• KFHPWA President</td>
</tr>
<tr>
<td>Purpose: Sets organizational strategy and provides</td>
<td>• President and Executive Medical Director</td>
</tr>
<tr>
<td>senior leadership oversight to organizational</td>
<td>• VP, Compliance</td>
</tr>
<tr>
<td>performance and improvement activities.</td>
<td>• VP, Human Resources</td>
</tr>
<tr>
<td></td>
<td>• VP, Research and Health Care Innovation</td>
</tr>
<tr>
<td></td>
<td>• VP, COO Care Delivery, Quality and Resource Stewardship</td>
</tr>
<tr>
<td></td>
<td>• VP, Public Affairs, Communications and Brand Management</td>
</tr>
<tr>
<td></td>
<td>• VP, Information Technology</td>
</tr>
<tr>
<td></td>
<td>• VP, CFO Finance and Strategy</td>
</tr>
<tr>
<td></td>
<td>• VP, Marketing, Sales and Business Development</td>
</tr>
<tr>
<td></td>
<td>• VP, Health Plan Service and Administration</td>
</tr>
<tr>
<td></td>
<td>• VP, Legal and Risk Management</td>
</tr>
<tr>
<td></td>
<td>• Chief Operating Officer and Medical Director, Care</td>
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<tr>
<td></td>
<td>Delivery</td>
</tr>
<tr>
<td></td>
<td>• Senior Vice President, Strategy and Finance</td>
</tr>
<tr>
<td></td>
<td>• Senior Medical Director, Network and Care Management</td>
</tr>
<tr>
<td></td>
<td>• Senior Associate Medical Director, Member Experience,</td>
</tr>
<tr>
<td></td>
<td>Service Quality</td>
</tr>
</tbody>
</table>

Joint Leadership Team (JLT– meets bi-weekly)

Purpose: Sets organizational strategy and provides senior leadership oversight to organizational performance and improvement activities.

JLT is responsible for overseeing the development and implementation of a system-wide quality agenda that supports achievement of the organization’s strategies, and for monitoring performance and progress of the quality program.

Kaiser Foundation Health Plan of Washington Options, Inc. (KFHPWAO) delegates to Kaiser Foundation Health Plan of Washington (KFHPWA) responsibility for its quality program, including the responsibility for overseeing the implementation and monitoring the performance of its quality program. KFHPWA performs that delegated responsibility through the work of the Joint Leadership Team and KPWA-QC and is accountable to KFHPWAO executive management for assuring the quality program meets all the necessary requirements as outlined in the KFHPWAO-KFHPWA delegation agreements.

Functions:

- Set the quality agenda (quality vision, priorities, and performance targets) and approve the KPWA Quality Plan and Program Description.
- Make recommendations to the KFHPWA Board regarding:
**Joint Leadership Team (con’t)**

a. resource allocation for strategic performance improvement support;
b. annual assessment of the success of the quality program;
c. approval of quality indicators for regular review by the KPWA Quality Committee and KP Quality and Health Improvement Committee (QHIC); and
d. sponsorship of the Quality Plan.

**COMMITTEE OR GROUP DESCRIPTION** | **COMPOSITION OF GROUP**
--- | ---
Joint Leadership Team (con’t) | • Senior Assoc. Med. Dir., Market Strategy and Public Policy
                                | • Senior Assoc. Med. Dir., Quality and Safety
                                | • Chief of Staff, KPWA Medical Group

**Kaiser Permanente of Washington Quality Committee (KPWA-QC – meets monthly)**

**Purpose:** KPWA-QC is charged by JLT to serve as the QI Committee for the organization. KPWA-QC evaluates and monitors organization-wide efforts designed to improve the value of the health care delivered to KPWA patients, considering issues of safety, clinical excellence, care experience and affordability.

The charge of the group is to oversee goals established by JLT for quality performance and support the care delivery system in attaining those goals. The delivery system is responsible for the outcomes, with operating divisions deciding local tactics to meet their goals. The Enterprise Quality department informs decisions for improving quality, providing expertise in population management strategies, quality improvement, improving patient safety, supplying timely measurement, and leveraging our informatics infrastructure to support local teams.

KPWA-QC will provide regular reports to JLT regarding the oversight and evaluation activities conducted by KPWA-QC at JLT direction, and regarding any recommendations for the quality agenda.

**Functions:**
- Oversee the broad integrity of the Quality Program for the enterprise.
- Incorporate all lines of business into the KPWA oversight model.
- Recommend goals and targets to JLT.
- Recommend quality improvement priorities.
- Define and communicate standards, metrics, and targets for assessing performance for clinical quality, patient safety, and patient experience.
- Require regular reporting of performance, including quantitative and qualitative analysis.
- Analyze and evaluate the results of QI activities.
- Identify systemic themes and barriers, and assign needed actions and ensure follow-up as appropriate.
- Assess and leverage relational aspects of quality (clinical, safety, service/access, clinical risk documentation and coding, and care management) to ensure both balance and opportunity.
- Escalate issues that require JLT action.
- Report to KP National Program Office and QHIC as requested.

**COMMITTEE OR GROUP DESCRIPTION** | **COMPOSITION OF GROUP**
--- | ---
Kaiser Permanente of Washington Quality Committee (KPWA-QC – meets monthly) | • Senior Associate Medical Director, Quality and Safety, chair
                                | • Vice President, Quality and Safety and Chief Nurse, co-chair
                                | • VP, COO Care Delivery, Quality and Resource Stewardship
                                | • Chief Operating Officer and Med. Dir., Care Delivery
                                | • VP, Continuum of Care
                                | • Senior Med. Dir., Network and Care Management
                                | • Senior Med. Dir., Clinical Excellence and Integration
                                | • Senior Assoc. Med. Dir., Member Experience and Service Quality
                                | • Med. Dir., Behavioral Health Services
                                | • Director, Behavioral Health Services
                                | • Senior Med. Dir., Clinical Operations
                                | • VP, Clinical Operations & Market Integration, North Service Area
                                | • VP, Clinical Operations & Market Integration, Eastern Washington
                                | • VP, Clinical Operations & Market Integration, South Service Area
                                | • VP, Ancillary and Business Services
                                | • Med. Dir., Ancillary Services
                                | • Exec. Dir., Clinical Operations & Market Integration, South Service Area
                                | • Senior Medical Director, Clinical Operations, South Service Area
                                | • Exec. Dir., Clinical Improvement and Prevention and Guideline Population Teams
                                | • Med. Dir., Clinical Improvement and Prevention
                                | • Director, Quality Improvement and Accreditation
                                | • Manager, KFHPWA Options
                                | • Director, Risk Management
                                | • Medical Director, Patient Safety
                                | • Program Manager, Patient Safety
The following committees report through the KPWA-QC and/or JLT:

<table>
<thead>
<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
</tr>
</thead>
</table>
| **Professional Liability Committee** *(meets monthly)* | • Assistant General Counsel, Litigation  
• Director of Risk Management  
• Three WPMG physicians, with at least one family practice physician  
• WPMG Medical Director, or Designee  
• Vice President, Quality and Safety and Chief Nurse, or designee  
• Representation of medical centers in Spokane and/or Puget Sound region |
| **Purpose**: The Professional Liability Committee has responsibility for reviewing medical and legal issues that result in certain professional liability claims and litigation against KPWA. The Committee authorizes settlements and reviews system issues for quality improvement opportunities.  
**Functions**:  
• Analyze professional liability claims and litigation database to identify risk and develop counter measures to system issues.  
• Authorize professional liability settlement amounts up to $250,000 and recommend settlements in excess of $250,000.  
• Recommend system changes to improve the quality and safety of care provided.  
• Review and monitor the Peer Support Consultant Program. |
| **Provider Support Committee** *(meets semi-annually)* | • Medical Director for Patient Safety  
• Risk Management Staff  
• Representation of physicians from the Group Practice Division |
| **Purpose**: To support quality patient care by ensuring that providers are emotionally supported when a patient is harmed by care.  
**Functions**:  
• Provide consultation on adverse events with individual providers.  
• Ensure alignment with KPWA policy for communication of adverse events.  
• Promote the spread of patient safety improvement by sharing lessons learned. |
| **Credentialing and Privileging Committees** *(C&PCs – meets at least 10 times annually)* | • Western Washington Credentialing & Privileging Committee  
• Eastern Washington Credentialing Committee  
*(See Attachment #3 for complete membership)* |
| **Purpose**: To select, evaluate, and monitor the practitioners and providers (healthcare delivery organizations) who care for KPWA enrollees.  
**Functions**:  
• Establish standards/criteria regarding qualifications for KPWA providers and practitioners.  
• Approve/deny the credentials of practitioners and make recommendations to the KFHPWA Board regarding appointments, reappointments, privileging, and re-privileging within the KPWA delivery system.  
• Provide oversight of delegated credentialing activities.  
• Provide oversight of ongoing monitoring of practitioner or provider sanctions, complaints, and adverse events.  
• Approve credentialing/privileging policies and procedures. |
## Committee or Group Description

### Utilization Management Committee  
**UMC - meets monthly**

**Purpose:** To support KP Washington in achieving the Triple Aim of high quality, great service, and best cost. The committee will support the KPWA region in strengthening the internal delivery system, delivering medical excellence, and driving value creation.

**Functions:**
- Oversee the organization’s performance, monitor and respond to utilization and regulatory requirements for NCQA, including:
  - a. Report findings to the Quality Committee annually
  - b. Submit Care Management program evaluations for approval annually
- Review and monitor utilization management metrics and determine appropriate action for meeting targets. (UM Dashboard)
- Coordinate and align UM strategies with the following work groups in areas of Care Management, Medical Policy, Payment Policy and Contracting.
  - a. Rounded Hospital Strategy Group
- Review and approve related compliance policies and procedures.
- Participate in annual quality program development and approve annual work plan.
- Recommend actions for identified compliance gaps.
- Oversee and monitor compliance with regulatory and accrediting bodies.
- Act as approval body for organizational care management work plans and policies.
- Conduct annual evaluation of the Care Management Work Plan in meeting organizational goals and objectives.

### Hospital Quality Committee  
**HQC - meets monthly**

**Purpose:** The Central Hospital Quality Committee is charged by the KPWA-Quality Committee and Kaiser Foundation Health Plan of Washington Board to implement, monitor, and enhance operational systems within the hospital to ensure quality improvement, performance improvement and patient safety for the hospital are maintained, while reducing risk. The Institute for Health Care Improvement (IHI) Model for Improvement, as well as other performance improvement models and tools are used to organize efforts that improve the quality of health care delivered and the processes that support quality care.

**Functions:**
- Review performance and recommend strategies to achieve goals, assigning accountability to appropriate leaders and teams to meet those goals.

## Composition of Group

<table>
<thead>
<tr>
<th>Committee or Group Description</th>
<th>Composition of Group</th>
</tr>
</thead>
</table>
| **Utilization Management Committee (UMC - meets monthly)** | - Medical Director, Continuum of Care  
- Director, Service Line Clinical Excellence & Integration  
- Director, Regional Clinic Ops and Market Integration  
- Manager, Nursing Home Services Care Management  
- Director, Continuing Health and Hospice  
- Director, Clinical Pharmacy Programs  
- MD, Clinical Review/Referral Management Unit  
- MD, Acute Care PIC  
- Director, Health Plan Operations  
- Director, Quality Improvement and Accreditation  
- Manager, Provider Services  
- Director, Behavioral Health Services  
- Assistant Medical Director, Behavioral Health Services  
- Director, Strategic Deployment, Care Management |
| **Hospital Quality Committee (HQC - meets monthly)** | - Hospital Administrator, co-chair  
- Chief Medical Officer, co-chair  
- Vice President, Clinical Excellence & Integration/Chief Nurse, co-chair  
- Mgr., Infection Control and Employee Health  
- Director, Risk Management  
- Program Manager, Patient Safety  
- Mgr., Surgery Center  
- Hospital Quality Consultant  
- Chief, Clinical Surgery Services  
- Mgr., Ancillary Services, Radiology  
- Physician, ED/Urgent Care  
- Mgr., Facilities Management  
- Director, Quality Improvement & Accreditation  
- Mgr., Capitol Hill Medical Center |
<table>
<thead>
<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
</tr>
</thead>
</table>
| **Hospital Quality Committee** *(con’t)* | • Director, Clinical Operations, Care Management  
• Physician, Anesthesiology  
• Mgr., Inpatient Unit  
• Mgr., Health Information Mgmt.  
• Mgr., Inpatient Pharmacy  
• Mgr., Urgent Care  
• Mgr., Ancillary Services, Lab  
• Chief, Inpatient Unit  
• Mgr., Nutrition Unit  
• Director, Credentialing & Privileging  
• Interim Chief of Hospital Medical Staff  
• Chief, Medical Clinical Service  
(Plus Ad hoc attendees) |
| **ASC Oversight Committee** *(?? - meets ??)* | • [Add titles of membership] |
| **Medication Safety Committee** *(MSC - meets quarterly)* | • Physician, Medication Safety (co-chair)  
• Manager, Medication Safety (co-chair)  
• Medical Center Pharmacy Manager(s)  
• Clinical Pharmacist Representative(s)  
• Director, Pharmacy Operations  
• CDIT Pharmacist  
• Manager, Nursing Operations  
• Patient Safety Officer  
• Manager, AMB Pharmacy Contact Center  
• Manager, Specialty Pharmacy Services  
• Manager, Hospital Services  
• Consultant Sub-group from Clinical and Operational areas as determined |

**Hospital Quality Committee** *(con’t)*

- Identify opportunities for allocation of resources.
- Evaluate opportunities to reduce risk, improve patient safety and quality outcomes.
- Guide management to identify important performance attributes, assess performance, and direct improvement efforts.
- Report progress, challenges, and recommendations to the KPWA-Quality Committee and Kaiser Foundation Health Plan of Washington Board.
- Disseminate recommendations, action plans, and other communication throughout the campus.
- Provide management review of key processes and functions, consider results of analysis and evaluation to determine needs/opportunities for continual improvement.
- Assure ongoing adherence to regulatory and other statutory requirements.
- Ensure corrective action plans are implemented and evaluated for effectiveness.

**ASC Oversight Committee** *(?? - meets ??)*

**Purpose:** [Committee Description is under revision]

**Functions:**

**Medication Safety Committee** *(MSC - meets quarterly)*

**Purpose:** To support quality patient care by using a systems-oriented approach in evaluating and promoting the safety of the medication use process.

**Functions:**

- Help build and foster a high reliability culture within KP-WA.
- Ensure alignment between KPWA and Kaiser Permanente Pharmacy Interregional Medication Safety Committee.
- Partner with Patient Safety to support and improve Unusual Occurrence reporting.
- Review and prioritize the level of patient risk based on trends identified in the patient harm report at KP-WA, as well as trends across the entire organization.
- Utilize internal data to identify opportunities for prevention of errors.
<table>
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<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
</tr>
</thead>
</table>
| **Medication Safety Committee (con’t)** | • Medical Director, Clinical Improvement  
• Medical Director, Preventive Care  
• Medical Director, Clinical Knowledge Development and Support  
• Assistant Medical Director, Preventive Care  
• Executive Director, Clinical Improvement and Prevention (RN)  
• Manager, Clinical Knowledge Development and Support  
• Coordinator, Clinical Guideline Development  
• Clinical Epidemiologists  
• Supervisor, Clinical Publications |
| and improvement in medication use.  
• Utilize data from external sources such as Institute of Safe Medication Practice (ISMP), Joint Commission, other health systems, etc. to identify opportunities for prevention of errors and improvement in medication use.  
• Make recommendations towards medication safety improvement efforts with both internal and contracted delivery system leaders.  
• Provide expert consultation related to medication safety concerns.  
• Review, approve, and monitor the Medication Safety Work Plan.  
• Ensure alignment with regulatory compliance as it relates to medication safety. |  

| **Guideline Oversight Group (GOG - meets once per month)** |  
Purpose: Oversee the development and updating of clinical guidelines to ensure high quality products, efficient use of KPWA/WPMG resources and timeliness of project completion. Act as a liaison between guideline teams and the KPWA Quality Committee (KPWA-QC).  
GOG members represent the organization and provide area-specific expertise in the development and approval of clinical guidelines. Examples include the U.S. Preventative Services Task Force, Medical Technology Assessment Committee, Pharmacy & Therapeutics, Preventive Care, Pediatrics, Primary Care, patient information, research, Health Profile, and Epic.  
Functions:  
• Evaluate requests for new guidelines and prioritize based on clinical, business, and customer service factors.  
• Oversee creation of processes related to clinical guidelines, such as system for deciding whether to adopt or adapt material from outside source or develop product internally.  
• Review changes to guideline recommendations and anticipate organizational issues or concerns and help determine implementation and communication strategies.  
• Consult with Medical Director, Clinical Knowledge Development and Support to:  
➢ Ensure that the updated process proceeds according to plans regarding scope (e.g. which questions to ask, which gaps are worth closing, what topics to include/exclude)  
➢ Identify key proposed or potential updates to the guideline given new evidence prior to the meeting.  
➢ Anticipate, identify, and attempt to resolve any areas of ambiguity or controversy by the conclusion of the Evidence Review meeting.  
• Review and provide final approval of completed projects submitted by guideline teams to ensure high quality of products and consistency of key recommendations with the evidence.  
• Oversee preparation of materials on guideline projects to be reviewed by KPWA-QC. |  
| • Medical Director, Clinical Improvement  
• Medical Director, Preventive Care  
• Medical Director, Clinical Knowledge Development and Support  
• Assistant Medical Director, Preventive Care  
• Executive Director, Clinical Improvement and Prevention (RN)  
• Manager, Clinical Knowledge Development and Support  
• Coordinator, Clinical Guideline Development  
• Clinical Epidemiologists  
• Supervisor, Clinical Publications |
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<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
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</table>
| Behavioral Health Support Services Leadership Team *(BHSSLT-meets 2 – 3 times per month)* | • Medical & Operations Director, Behavioral Health Support Services  
• Manager, Care Management  
• Assistant Director of Professional Services  
• Chief, Chemical Dependency & Consultative Psychiatry  
• Consultant, Specialty Services  
• Manager, Social Work and Consultant Integrated Services  
• Assistant Medical Director, Specialty Services  
• Assistant Medical Director, Health Plan Operations |

**Purpose:** Provides senior leadership oversight for behavioral health (BH) care across the KPWA delivery system and is responsible for all business and quality improvement functions. As the department’s approving quality body, is responsible for orchestrating the department’s quality agenda to support organizational strategies, implementing the quality program, monitoring performance, and making changes as needed.

**Tasks:**
- Set the department’s quality agenda and provide input into organization and divisional quality plans.
- Monitor, plan and support actions to improve:
  - HEDIS performance on BH measures
  - Patient experience of BH care
  - Access to care
  - Coordination of care
  - Patient Safety
- Ensure compliance with accreditation and regulatory standards for Behavioral Health (e.g., NCQA, State, Medicare).
- Oversee BHS systems and infrastructure (e.g., referral and triage functions, new technology).
- Oversee training and professional development for staff.
- Liaison with other departments in the organization to connect departmental efforts with organizational work (e.g., patient confidentiality, unusual occurrence monitoring).
- Oversee utilization management functions for BHSS.
- Quality of Care reviews are delegated to the Quality of Care Review Committee who report findings through the Unusual Occurrences reporting system. This committee meets monthly and results are reported twice a year to the BHSS LT.

The following **groups provide support for and promote communication and execution of** quality improvement opportunities and initiatives throughout KPWA:

<table>
<thead>
<tr>
<th>COMMITTEE OR GROUP DESCRIPTION</th>
<th>COMPOSITION OF GROUP</th>
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</table>
| Division and Area Leadership Teams *(meets weekly to monthly)* | Includes key physician and administrative leadership through the following structures:  
• Care Delivery Leadership Team (Attachment #1, 2)  
• Health Plan Services Administration Leadership Team (Attachment #1)  
• Marketing, Sales & Business Development Leadership Team (Attachment #1)  
• Clinical Operations and Market Integration Area Leadership Teams for North, South, and East (Attachment #2) |

**Purpose:** Provide area-specific and/or function-specific organizational direction and oversight for quality improvement initiatives. Facilitate and provide direct support for the quality improvement initiatives based on directions derived from the strategic plan A3 deployment, the KFHPWA Board, JLT, and/or the KPWA-QC.

**Tasks:**
- Monitor the quality indicators [process measures/standards] and identify and present trends to the attention of KPWA-QC when they cross pre-established thresholds, or otherwise warrant attention.
- Identify opportunities for improvement and provide direction regarding which issues to target for intervention.
## COMMITTEE OR GROUP DESCRIPTION

<table>
<thead>
<tr>
<th>Division and Area Leadership Teams (con’t)</th>
<th>COMPOSITION OF GROUP</th>
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<tbody>
<tr>
<td>• Review and approve policies that impact quality.</td>
<td></td>
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<tr>
<td>• Approve, support/guide performance improvement teams.</td>
<td></td>
</tr>
<tr>
<td>• Recognize and celebrate performance improvement efforts.</td>
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</tbody>
</table>

## Enterprise Quality Functions: Clinical Excellence and Integration

**Purpose:** To support executive leaders in driving process, practice and quality/service improvements across the enterprise while ensuring that initiatives are integrated and coordinated in order to fully leverage our integrated system.

**Tasks:**
- Assist with the planning and development of strategies for safety, service and clinical quality improvement.
- Support implementation of quality improvement strategies and initiatives.
- Provide internal expertise through the application of Lean and High Reliability tools to meet strategic, service line, and local improvement needs.
- Provide quality improvement support in the delivery systems.
- Support the care management strategy development and implementation.
- Support clinical guideline development and implementation.
- Provide organizational health information and education.
- Provide training and consultation for service and practice improvement strategies.
- Support the implementation and management of the KFHPWA Options quality program.

• See Attachment 4
**KPWA Quality Assessment and Improvement Accountability Structure**

The key feature of KPWA’s quality assessment and improvement process is the ability to view sub-optimal quality from a broad, systems perspective. We believe that most quality problems are the result of poorly designed systems and processes. An essential activity that is built in to the quality assessment process is to “drill down” to determine whether an individual provider’s apparent problem may be related to an underlying system issue. Performance measures and reporting of progress against targeted measures is widely available to all KPWA staff through the internal web site Connection.

KPWA conveys quality information to those who are accountable for assessing and improving care in one of two forms:

1. **In the aggregate form.** This information is used for population or geographic area assessments and identification of system problems.
2. **In the practitioner-specific form.** This information is used for credentialing and performance evaluation.

The structure diagrams on the following pages describe linkages among responsible groups. These linkages are the communication conduits for performance information. Attachment 5 describes the data sources and analytical resources that support the quality program.
ATTACHMENT 2
Care Delivery Quality Performance Management Structure

KPWA-QC

Care Delivery Leadership Team (CDLT)

CONTINUUM OF CARE
ANCILLARY SERVICES

Clinical Operations & Market Integration NORTH
Clinical Operations & Market Integration SOUTH
Clinical Operations & Market Integration EAST

ANCILLARY SERVICES

Pharmacy (Quality)
Lab (Quality)
Radiology (Quality)
Eye Care (Quality)

Behavioral Health Services Quality

Clinical Operations & Market Integration

Continuum of Care Service Line
Medical Specialties Service Line
Procedural & Surgical Services

CLINICAL EXCELLENCE & INTEGRATION

Clinical Improvement & Prevention
Professional Practice & Development
Oncology Services
Infection Control & Employee Health
# ATTACHMENT 3
## Credentialing Committees Membership

<table>
<thead>
<tr>
<th>Member</th>
<th>Specialty</th>
<th>Status</th>
<th>Member</th>
<th>Specialty</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern Washington</strong></td>
<td></td>
<td></td>
<td><strong>Executive Committee of the</strong></td>
<td><strong>KFHP Board of Directors</strong></td>
<td></td>
</tr>
<tr>
<td>Pope, Brad, MD, chair</td>
<td>Family Medicine</td>
<td>WPMG</td>
<td>Judith Johansen</td>
<td>N/A</td>
<td>Board</td>
</tr>
<tr>
<td>Margraf, Robert, MD,</td>
<td>Family Medicine</td>
<td>WPMG</td>
<td>Greg Adams</td>
<td>N/A</td>
<td>Board</td>
</tr>
<tr>
<td>Bergum, Mary, MD</td>
<td>Family Medicine</td>
<td>Contracted</td>
<td>Michael Wilson</td>
<td>N/A</td>
<td>Board</td>
</tr>
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<td>Pakkianathan, Stephen, MD</td>
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ATTACHMENT 4:
Enterprise Quality Function: Clinical Excellence & Integration
ATTACHMENT 5
Quality Resources at Kaiser Permanente of Washington

Quality Improvement Activity Resources
The resources that KPWA devotes to the Quality Improvement Program and specific quality improvement activities are broad and include staff (employees and consultant staff), data sources, and analytical resources such as statistical expertise and programs. Evaluation of adequate quality resources is determined through evidence that the organization is completing quality improvement activities in a competent and timely manner. This is done through the annual Quality Program Evaluation, as well as ongoing monitoring of performance and progress on the quality workplan by the KPWA Quality Committee throughout the year.

Oversight for Enterprise Quality is provided by a Vice President and a Senior Associate Medical Director for Quality and Safety, and a total of six medical directors, one in each of the following areas: Informatics, Clinical Improvement, Preventive Care, Clinical Knowledge Support, Continuing Medical Education, and Senior Services. The Preventive Care Department also has an Associate Medical Director and an Assistant Medical Director.

Staff (around 100 positions), including about 40 in the Clinical Improvement and Prevention department, dedicated to quality improvement activities are present in the following areas:

- Patient Safety
- Clinical Knowledge Support
- Continuing Medical Education
- Clinical Improvement and Prevention
- Quality Performance Review
- Consulting Services
- Credentialing
- Member Appeals
- Clinical Review Unit
- Member Quality of Care Grievances
- Behavioral Health Services
- Care Management
- Pharmacy Administration

In addition, external consultant staff arrangements are made as needed.

Data Sources
KPWA uses a number of different sources and systems to collect data and generate results for quality indicators, including the following:

- Premier membership and billing system – enrollment data
- Premier claims system – data for institutional and professional services received inside and outside KPWA clinics
- Enterprise Master Files (EMF) – additional consumer and practitioner demographics
- EPIC clinical information system – clinical data from the electronic medical record
• EPIC practice management suite – encounter, appointment, admit/discharge/transfer, and billing information for inpatient and outpatient services received at KPWA facilities on or after 11/1/2009
• LastWord – encounter, appointment, admit/discharge/transfer, and billing information for inpatient and outpatient services received at KPWA facilities prior to 11/1/2009
• Coop Rx – internal pharmacy claims system
• MedImpact – external pharmacy claims system
• Laboratory Information System (LIS) – internal laboratory services and results
• PAML – selected external laboratory services and results for some members treated in Spokane area KPWA clinics
• CareTracker prior to 4/1/2014/Jiva after 4/1/2014 – care coordination tracking tool
• eWatson – customer relationship management tracking system (including complaint and appeals data)
• Press Ganey (vendor based patient satisfaction) – results from Press Ganey’s survey of patient satisfaction
• Cancer Screening Exclusions – Supplemental source of data, identifying members with valid exclusions from selected screening procedures
• Washington State Immunization Information System – Supplemental source of immunization data

Enterprise Data Warehouse (EDW) developers create programs to extract the data used to produce results for key clinical, utilization, and service quality indicators.

**Data Warehouse and Reporting Resources**
KPWA maintains a data warehouse repository usable by staff across the organization for analysis and reporting. Part of that maintenance requires pulling data from original source systems such as claims and Epic into warehouse tables “scrubbed” and enhanced with value-added attributes. In addition, for various applications or reporting needs, datamarts are developed with specific information needed for that reporting or by those applications. This team includes the following staff:

• Engineer, Data Warehouse (6 quality specific positions/23 total) – gather requirements and create source-to-target mapping of data; develop, maintain, and administer data integration (ETL) processes and tools; develop, maintain, and administer ad-hoc and standard reporting applications, dashboards and tools; manage the ongoing loading and optimization of the data warehouse; quality assurance/validation of all data loads from the source systems into the data warehouse; build ad-hoc and operations reporting solutions for accessing data and information.
• Manager, Enterprise Data Warehouse (1 quality specific position/3 total) – responsible for the day-to-day load operations of the Data Warehouse; ensures that all data are loaded as required; manages resources for data integration development projects within EDW
• EDW Data Architect (1 position) – creating holistic data flow documentation of the EDW, logical and physical design of database/data mart structures.
• Business Intelligence admin and Data Warehouse Admin (2 positions) – Administer deployments and tool maintenance.
Business Intelligence Services
KPWA dedicates significant staff and information systems to analyzing and reporting the large volume of clinical and service quality data available. This team includes the following staff:

- Business Intelligence Analysts (3.5 positions) – to perform deep analysis including data profiling, hypothesis testing and statistical analysis for quality related initiatives; provide support analysis to drive clinical and process improvements; provide ad hoc analysis using standard statistical methods; evaluate effectiveness of new programs. Develops dashboards to trend performance for quality focus initiatives and programs.

Additionally, the following staff moved from Informatics in to the Quality department for more direct support of Quality:

- Product Managers (2 positions) – work with organization leaders to understand issues, questions being asked, and data needed to support decision-making; provide leadership to teams doing the analysis and HEDIS reporting
- Medical Record Review Manager/lead (1 position) – manage HEDIS medical record review process, hire reviewers, schedule medical record review visits to non-owned/operated facilities, manage compilation of materials for and staff the annual HEDIS compliance audit.

Tools/Applications
These staff use a number of applications to produce results and reports for clinical and service quality indicators including:

- General Dynamics Information Technology (GDIT): NCQA-certified HEDIS measure build engine
- Informatica PowerCenter (Extract, Translate, & Load “ETL” software application)
- SAS
- Microsoft Visual Basic
- Microsoft SQL Server
- Microsoft Access
- Microsoft Excel
- Tableau
- Wherescape
- Data Vault
- Business Objects reporting tools, including Crystal Reports
- Teradata
- ERWin
- PERL