

**QUALITY MANAGEMENT**

Physicians Plus deploys quality management processes to promote prevention, improve health care outcomes and business processes, reduce variation, reduce total cost and provide value to the members we serve. The quality improvement initiatives involve objective and systematic monitoring, and the evaluation of the quality of care and service provided to our members. This quality measurement process yields targeted initiatives to improve the health and service delivered to our members.

The Healthcare Integration Plus (HIP) Division oversees clinical improvement activities, including but not limited to:

- Health promotion and preventive services
- Disease management, including population health initiatives and telephonic case management
- Complex case management
- Inpatient and ambulatory care services (including primary and specialty care)
- Acute (all levels of acuity) and rehabilitative hospital services
- Emergency and urgent care services
- Behavioral health and chemical dependency services
- Ancillary services (such as physical, speech, occupational therapy and home care services)
- Member (patient) safety
- Pharmacy services and management
- Credentialing and recredentialing of practitioners and facilities
- Availability of practitioners and accessibility of services
- Other services provided to members, customers and practitioners/providers by Physicians Plus and/or a contracted provider/administrator

In addition, multi-disciplinary teams work to improve the efficiency and effectiveness of core business functions and processes, thereby improving the services provided.

## Quality Improvement Section

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### Quality Management Program Goals

- Ensure that Physicians Plus members are provided with a network of available practitioners who meet or exceed defined standards of education and experience
- Conduct ongoing monitoring of important aspects of the care provided to members
- Identify and improve, where indicated, aspects of care, health status and health function that are important to members
- Identify and improve, where indicated, aspects of service that are important to members and providers. Current Consumer Assessment of Healthcare Providers and Systems (CAHPS) results can be found at <http://www.pplusic.com/about/index.asp?cid=97&scid=266>
- Measurably improve the performance of the provider network and the healthcare services that members receive. Current Healthcare Effectiveness Data and Information Set (HEDIS) results can be found at <http://www.pplusic.com/about/index.asp?cid=97&scid=266>

## Quality Improvement Section

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### Quality Management Committee Structure

The Physicians Plus Board of Directors (BOD) has ultimate oversight and accountability for the implementation of quality management processes and the performance of the quality management program. The responsibility for adoption of quality management processes is delegated to the Chief Executive Officer (CEO). The CEO is accountable to the BOD for the quality of medical care and service delivered to Physicians Plus members and for providing and supervising the corporate resources of Physicians Plus' quality management processes and activities.

Five (5) standing committees support the Quality Management Program. These committees, whose membership includes practicing physicians, are:

- Quality and Utilization Management (QUM) Committee
- Credentialing Committee
- Peer Review Committee
- Pharmacy & Therapeutics (P&T) Committee
- Grievance Committee
- Medical Policy Committee

In addition to the standing committees, quality improvement project teams work on issues such as improving the care of members with diabetes, heart failure, and coronary artery disease. Project teams also work to improve the rate at which members obtain preventive health services in the areas of immunizations and breast, cervical and colorectal cancer screenings.

**Health Improvement Programs**

Physicians Plus offers several proactive programs aimed at managing the health status of members who are at-risk for, or who have been diagnosed with, specific chronic conditions or diseases. The following disease management programs are offered to members who meet eligibility criteria:

- Diabetes Management Program (including telephonic case management)
- Heart Failure Management Program (provides telephonic symptom management)
- Coronary Artery Disease Management Program (with a focus on hypertension and cholesterol, and including telephonic case management)
- Weight Loss and Management Program (including telephonic case management)
- Diabetes Prevention Program (including group meetings and exercise classes)

Members of these programs are screened for alcohol and tobacco use, and for depression. Self-management education is a key component of these programs and program materials are made available to program members via the mail (upon request), as e-mail attachments and via the Physicians Plus website at <http://www.pplusic.com/members/index.asp?cid=95>

Program interventions include:

- Self-management education
- Care reminders
- Case management
- Medication management
- Provider profiling
- Incentives
- Remote disease monitoring
- System-wide improvement efforts within provider network and community

In addition to these chronic condition management programs, Physicians Plus offers its members 24/7 access to *GO-TO Healthy Choices*, an on-line personal health

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management suite of services available to members ages 18 and older.

This innovative offering includes a comprehensive health risk assessment, individualized action plan for health status improvement, and lifestyle and condition management programs.

*For referrals and additional program information, please contact Physicians Plus' Health Improvement Department at 608-260-7143.*

**Clinical Practice Guidelines**

Evidence-based clinical practice guidelines are developed and implemented in collaboration with Physicians Plus' provider network, and include the input of clinical professionals with expertise in the defined area. Guidelines are reviewed and revised at least every two years.

Physicians Plus' Quality & Utilization Management (QUM) Committee is responsible for reviewing and approving new and revised guidelines. Approved guidelines are available to providers on Physicians Plus' website at <http://www.pplusic.com/providers/index.asp?cid=110>.

New guideline alerts are also included in the provider newsletter. Provider Network Management Liaisons provide clinic managers with summary documentation of new programs and relevant guidelines.

*For more information on Physicians Plus' Quality Management Program, please contact Physicians Plus' Health Improvement Department at 608-260-7143.*

**ACCESS TO CARE**

An important consideration of members when they are assessing the quality of care they receive, concerns their ability to receive appropriate care when they feel that it is required. The Board of Directors has adopted standards of access to routine, preventive, urgent, and emergency care. Member's actual experience in receiving access within these time frames is monitored by member surveys, office site visits, and annual appointment availability surveys.

The current access standards adopted by the Physicians Plus Board of Directors are included in this material.

## CREDENTIALING AND RECREDENTIALING OF PRACTITIONERS

Physicians Plus has established a systematic credentialing process for reviewing practitioners who want to become participants in the network. The credentialing process includes verifying education and training, as well as investigates the history and background of applicants to insure that they also meet the criteria for participation in the network. **Only practitioners who have fulfilled the requirements for credentialing or recredentialing are permitted to see Physicians Plus members and bill for services.**

Credentialing, recredentialing, ongoing monitoring of sanctions and complaints, and facility reviews are integral to the Physicians Plus program for monitoring the care received by our members.

### Purpose

Credentialing is intended to provide a systematic approach to the selection, evaluation, discipline or termination of Physicians Plus providers. Credentialing investigates the historical record of a provider to ascertain that he/she has the background required, but also has an acceptable record on issues of standard of care, ethics, character and judgment.

Providers are considered for selection based on member need, reputation in the community, and employer or member request. The final provider acceptance is contingent upon his/her successful completion of the credentialing review process.

## FACILITY REVIEW POLICY

<b>Purpose</b>	Physicians Plus periodically evaluates the facilities of all providers.
<b>Policy Statement</b>	<p>The term "facility" is described as a participating site, clinic or solo practice. Because most patient care is provided in practitioner offices rather than institutions such as hospitals, a facility review of the quality of the facility within which the care is provided is an important element to ensuring quality of patient care, compliance with Physicians Plus standards and proactively identifying areas of needed improvement.</p> <p>A facility review is performed at PCP and behavioral health clinics if the clinic is new to the Physicians Plus network, or if an already-contracted clinic moves to a new location. A facility review is also performed at any type of clinic (PCP, behavioral health, specialty medical) if Physicians Plus receives complaints regarding a clinic's physical accessibility, physical appearance, adequacy of waiting room space and/or adequacy of examining room space. Additionally, behavioral health clinics that are not certified by the State of Wisconsin under DHS 35 are subject to a facility review every three years.</p> <p>Each facility must provide an environment that is sanitary and functionally safe for patients and personnel. A facility review includes the following categories.</p> <ul style="list-style-type: none"><li>• Physical Accessibility</li><li>• Physical Appearance</li><li>• Adequacy of Waiting/Exam Room Space</li><li>• Policies and Procedures</li><li>• Fire/Safety</li><li>• Infection Control Policies - <i>medical clinics only</i></li><li>• Control of Medications</li><li>• Continuity of Care - <i>behavioral health clinics only</i></li><li>• Availability of Appointments - <i>newly contracted clinics only</i></li><li>• Medical Records</li></ul> <p>If deficiencies or other problems are identified, a Physicians Plus reviewer will return to the facility for re-evaluation and action.</p>