

## ***Quality Intervention Process***

### ***Objective:***

To work with physicians and/or-providers to remedy identified patterns of quality/utilization problems in the care of Medicaid beneficiaries, through education and other interventions.

### ***Performed By:***

Quality Review Nurse (QRN)  
Quality Manager (QM)  
Medical Director (MD) and/or Associate Medical Director (AMD)  
Quality Intervention Committee (QIC)

### ***Policy:***

At a minimum, HealthSystems of Mississippi (HSM) will generate profiles for those providers with confirmed quality issues including physicians and inpatient acute care facilities. These profiles will be generated no less than quarterly and will include the five percent (5%) quarterly sample review results as well as other review results for the most recent quarter, and cumulative data up to one (1) year prior to the current quarter.

These profiles will be analyzed by HSM's Quality Intervention Committee (QIC) to identify improvement opportunities (i.e., patterns of confirmed quality/utilization issues) in order to initiate, manage, and monitor appropriate interventions aimed at remedying any identified patterns. HSM will collaborate with physicians and providers to initiate appropriate interventions and develop measures to monitor the effectiveness of implemented interventions.

The Quality Intervention Committee (QIC) is responsible for reviewing profiles and making determinations regarding the physician, the provider, and statewide patterns of quality/utilization issues, for determining the most appropriate intervention to be initiated, and to monitor effectiveness of interventions implemented. This committee consists of the Medical Director, four to six (4-6) physicians from varying specialties (i.e., primary care, psychiatry, pediatrics, etc.), representatives from the inpatient, home health, DME, administrative and outpatient therapy review departments, the Quality Manager (QM) and the Quality Department. All committee members will be voting members of the committee.

Depending on the types of issues identified from the quarterly profiling, the Medical Director (MD) may pull in other specialty physicians as non-voting clinical experts, when indicated, to determine if a pattern exists and/or to determine appropriate interventions.

HSM will communicate its intervention activities with the Division of Medicaid (DOM), and may request that a representative from DOM attend a QIC meeting, as a non-voting program expert, when indicated.

**Procedure: Intervention Process**

1. On at least a quarterly basis, the Quality Manager generates profiles for those providers with confirmed quality issues including physicians. These profiles include results from the 5% quarterly sample, confirmed quality/utilization issues from precertification, concurrent certification, and retrospective certification, and confirmed issues from the beneficiary/provider hot-line for the most recent quarter.
2. The Quality Manager (QM) sends profile results to the members of the QIC for review and identification of:
  - physician and provider patterns of quality/utilization issues (problems),
  - statewide patterns of quality/utilization issues,
  - variations in practice patterns and/or processes of care,
  - frequency and severity of issues identified,
  - benchmark physician and providers to collaborate with HSM in the development of educational tools, programs, etc. to provide to other outlier physicians and providers.
3. The QM applies the criteria for review at the QIC level which consists of the following:
  - All Level III cases
  - A Source of Problem with a Weighted Severity Level Score of 10 or more points during the quarter period
  - A Source of Problem with a Frequency of Occurrence of 8 or more issues during a quarter period
4. The QM pulls the cases and groups them by source of problem according to the criteria. A physician is assigned specific groups for review, determines if there are any patterns or trends, reviews any prior interventions for the source of problem, and recommends the most appropriate intervention for QIC approval.
5. The QIC meets on a regular basis (i.e., monthly) to make determinations regarding patterns of quality/utilization issues, who requires intervention, and the appropriate type of intervention to be initiated based on the information provided by the profiles and review of cases. Teleconferences may be held as often as necessary to ensure that all issues are addressed.
6. The QM is responsible for ensuring that minutes of each meeting are recorded, distributed to the appropriate personnel, and kept in the Quality Manager's office. These minutes will reflect all decisions made and the rationale for those decisions.
7. The types of interventions the QIC can initiate will include, but not be limited to:
  - Written notification to physicians and/or providers identifying the pattern and providing education aimed at remedying the pattern.
  - Written notification requesting process improvements or Corrective Action Plans.

- Written notification requesting a Root Cause Analysis be performed and process improvements implemented to address identified root causes.
  - Educational interventions for physicians including, but not limited to:
    - ⇒ meeting with the Medical Director to discuss issues,
    - ⇒ continuing medical education (CME) hours in the area of concern,
    - ⇒ meeting with QIC members to discuss concerns,
    - ⇒ written literature summaries in the areas of concern,
    - ⇒ providing feedback (i.e., profiles, graphs, etc.) showing his/her practice pattern variations in comparison to his/her peer group,
    - ⇒ mini-residency in the area of concern with oversight by a teaching facility or medical school faculty member approved by the QIC,
    - ⇒ provision of quality improvement tools/techniques (i.e., diagnostic journeys, disease management, clinical care maps, decision trees, etc.) to foster changes in behavior.
  - Educational interventions for providers including, but not limited to:
    - ⇒ meeting with Medical Director, QIC, Quality Manager, Nurse Educator, and/or other staff to discuss involved area(s) of concern,
    - ⇒ teleconference with the Quality Manager to discuss involved areas of concern,
    - ⇒ attending seminars/conferences aimed at process improvement, performance measures, and outcomes,
    - ⇒ provision of quality improvement tools/techniques (i.e., literature resources, clinical pathways, care maps) to facilitate change,
    - ⇒ collaboration with benchmark providers to review successful improvement strategies, lessons learned, etc.
  - Focused reviews/studies in problem areas. This activity would assist in monitoring identified patterns of care or variations in practices, and would be a method for monitoring the effectiveness of implemented interventions.
  - Referral of cases to a provider's Quality Assurance/Improvement Committee, Infection Control Committee, etc. for their intervention in remedying quality/utilization issues and physician practice patterns.
  - Inviting participation of physicians and providers in the development and execution of quality improvement projects to enable them to identify improvement opportunities and take action, and to improve care statewide when statewide issues are identified.
  - All confirmed level 3 problems are reviewed by the QIC for the most appropriate intervention, which may include referral to the Division of Medicaid's Bureau of Program Integrity for possible investigation of potential gross and flagrant issues.
8. Once the QIC has made determinations regarding who requires intervention and what appropriate intervention to initiate, that documentation is recorded in the QIC minutes and logs, the QM and QRNs generate letters to the involved party outlining:

- the QIC's determination
  - rationale for the determination
  - what intervention must occur to remedy the problem
9. The involved party will be required to submit, within thirty (30) calendar days from the date of the letter, an action plan describing:
- what actions will be taken to remedy the problem,
  - who will be responsible for ensuring that actions are taken,
  - the timelines for actions,
  - how performance/improvement will be measured,
  - who will be responsible for monitoring the effectiveness of implemented actions,
  - who will be responsible for revising or modifying action plans when monitoring indicates little or no improvement, and
  - who will be responsible for submitting monthly reports to HSM on the involved party's progress toward improvement.
10. The action plans are reviewed by the Medical Director and QIC for feedback and approval. Written notification to the involved party is sent indicating the action plan submitted was acceptable, or if not acceptable, how to make it acceptable.
11. For all interventions initiated, the QIC performs follow-up monitoring to ensure that interventions are implemented, monitored, and are effective in remedying the aberrant practices/processes. This monitoring may occur through follow-up phone calls, focused review, profiling, measurement of performance indicators, etc.
12. If follow-up monitoring reveals that the interventions are not effective, the Medical Director, with the assistance of the QM, will set up a meeting with the involved party to discuss further actions. Further actions may include recommendation to DOM for further intervention.