Quality Intervention Committee - Issue Weighting and Intervention

Objective:

To provide the framework within which the Quality Intervention Committee (QIC) will analyze, identify, and intervene to remedy the causes of confirmed quality issues.

Performed by:

Quality Intervention Committee (QIC) and the Physician Advisors (PA's) it designates, with support from the Data Team.

Policy

Each source of problem (SOP) for all confirmed quality issues reported on the quarterly profile will, by calculation according to this procedure, be assigned a Weighted Severity Level Score.

After its review and determination, the QIC will recommend remedial interventions, commensurate with the Weighted Severity Level Score.

Procedure: Quality Intervention Committee – Issue Weighting and Intervention

A. Calculating and Assigning Weighted Severity Level Scores

1. Every Source of Problem (SOP) reported on the quarterly Confirmed Quality Issue Profile for issues which are no longer subject to re-review will be assigned a Weighted Severity Level Score (WSLS).

2. The means of calculating the WSLS:
   Each Severity Level I confirmed issue = 1 point
   Each Severity Level II confirmed issue = 5 points
   Each Severity Level III confirmed issue = 25 points

   For example, for each SOP reported on a quarterly profile:
   Provider (or Physician) # 000000
   3 Level I issues X 1 = 3
   0 Level II issues X 5 = 0
   0 Level III issues X 25 = 0
   Total WSLS for quarter 3

   Note: A "case" is defined as each patient admission (i.e., episode of care or "base" on our database rather than each review "segment" on our database). In the instance where a single case has multiple confirmed quality issues for a single source of problem, and they fall into more than one (1) severity level, the issue with the highest severity level is used to calculate the weighted severity level score for that source of problem.

   For example: If Patient A's certification period of 11/01/04 had two (2) confirmed quality problems with the same assigned source of problem, one a level II and one a level III, the level III case is used to

calculate the weighted severity level score. When the case is reviewed by the QIC, the QIC should consider all confirmed issues, whether used in WSLS calculation or not, when determining the appropriate intervention.

B. Assigning Quality Interventions

1. General Guidelines:

   When deciding on the appropriate intervention for a physician or provider, the QIC should be guided by the level of severity and frequency of the problem(s). The following chart contains weighted thresholds outlining what interventions may be appropriate for given weighted scores. These thresholds should be used as guidelines for the QIC. The QIC has the authority to determine the appropriate intervention based on their review of all information relevant to the specific cases and issues.

2. Weighted Severity Level Score Thresholds and Interventions:

WSLS	Intervention
1-9	Notification
10-14	Education
15-19	Focused review or study
20-24	Special interventions
25	Referral to DOM for further interventions

3. Descriptions of Interventions

   a) Notification (1-9 points)

   The notice of final determination to the physician/provider is required to be sent when a quality issue is confirmed at the Physician Advisor level for all cases with quality problems. This Notice of a Quality/Utilization Issue describes the problem, the severity level, what the appropriate action should have been, and notifies the source of the problem that this issue will remain subject to further review. It also serves the purpose of this Notification intervention.

   b) Educational Intervention (10-14 points)

   An educational intervention for physicians may be appropriate in those cases where the QIC determines that, based on review of the quality problems confirmed, the responsible party demonstrates a lack of knowledge in the area of concern, or has not kept up with current technologies, practices, guidelines, etc.

   An educational intervention for providers may be appropriate in those cases where the QIC determines that a provider demonstrates a lack of knowledge regarding quality improvement efforts, current best practices or strategies, etc.

All letters sent as educational interventions or for issues with scores of more than ten (10) points will be sent by certified mail, restricted delivery, return receipt requested.
An educational intervention may include one (1) or more of the following:

- Sending an educational letter to the source of the problem. The letter should outline the identified quality problem, the review and determination of the QIC, and the appropriate action(s) to be taken by the responsible party. This letter should be sent no later than forty-five (45) calendar days from the QIC's determination to implement this intervention.

- Arranging a telephone discussion with the source of the problem. The Medical Director or designated QIC member may initiate such a call to discuss the area of concern. The caller should identify the role and responsibilities of the QIC, his or her role on the committee, the identified problem, the concerns raised by the QIC when they reviewed the problem, and appropriate actions that should be taken by the responsible party. This telephone call should be made within thirty (30) calendar days of the QIC's determination to implement this intervention.

- The provision of feedback (i.e., profiles, graphs, etc.) to the source of the problem showing subject practice and/or process variations in comparison to peer groups. This feedback should be provided within forty-five (45) calendar days of the QIC's determination.

- Scheduling a meeting with the Medical Director and/or designated QIC members to discuss concerns and appropriate interventions. This meeting should be an informal discussion of the issues, the review and determination by the QIC, and any appropriate actions to be taken if indicated. This meeting should be held within forty-five to sixty (45-60) calendar days from the QIC's determination to implement this intervention.

- The provision of suggested literature readings, summaries, or syntheses in the area of concern. The responsible party would agree to review these materials and provide the QIC with the summary or synthesis of that review within forty-five (45) calendar days of the agreement date.

- The provision of quality improvement tools or techniques (i.e., diagnostic journeys; disease management protocols; clinical care maps or pathways; decision trees, root cause analysis, etc.) to the source of the problem to foster changes in behavior

and/or processes. This information should be provided to the responsible party within thirty to forty-five (30-45) calendar days from the QIC's determination to implement this intervention. A report of the effectiveness of these techniques should be sent to the QIC when decided by the QIC in each case.

- Recommendation that the source of the problem attend educational seminars or conferences aimed at the area of concern or on quality improvement. The responsible party would agree to this action and provide the QIC with the program topic, timeframe, evidence of attendance, and a synopsis of the conference within fifteen (15) business days following the seminar/conference.

- Recommendation that the source of the problem obtain continuing medical education (CME) courses in the area of concern. The responsible party must agree to this intervention and provide the QIC with the program topic, timeframe, evidence of attendance, and a synopsis of the program within fifteen (15) business days after completion of the program.

- Recommendation that the source of the problem collaborate with benchmark providers (physicians or providers) to initiate successful improvement strategies. The QIC will assist in the identification of benchmark providers. The QIC will notify the responsible party within thirty (30) calendar days of making its recommendation; assist in the identification of benchmark providers; specify the duration of the collaboration; and require a report on the collaboration to the QIC within thirty (30) calendar days following its completion. The responsible party is required to initiate the collaboration and provide the report to the QIC.

The QIC may determine other educational interventions are appropriate. The above list is not meant to be all-inclusive.

c) Focused Review or Study (15-19 points)

In those cases where the QIC determines that there is not enough information to determine if this issue constitutes a pattern of problems, the QIC may determine that the most appropriate intervention is to conduct a focused review or study in the area of concern.

For example, if the problems seem to indicate a pattern of not addressing abnormal lab findings, the QIC may request the source of the problem to provide additional information and/or review of specified documents for a more focused study to determine if a pattern can be verified. Additional examples may be if the quality

issue is related to a specific disease category, specific type of lab test, etc.

d) Special Interventions (20-24 points)
Special interventions may be appropriate in those cases where a problem pattern is verified by the QIC and the pattern is of such a nature that a lesser intervention is not deemed a sufficient remedy. In such cases, the QIC may recommend any of the following interventions.

- Referral of the case or cases at issue to a provider's Quality Improvement Committee, Infection Control Committee, or other appropriate provider committee for their intervention in remedying a specific quality issue or issues involving their staff physician and/or provider. The provider's QI (or other) Committee is responsible for reporting to HSM's QIC all remedial actions taken by the provider or committee, and for assuring that the remedy is sufficient to correct the problem identified.
- Inviting the participation of physicians and providers in the development and execution of clinical quality improvement projects to enable them to identify improvement opportunities and take appropriate actions. This intervention may be appropriate when a pattern of similar problems is encountered in a group of providers or physicians, whether local, regional, or statewide.
- Preceptorship in the area of concern by a peer with demonstrated competence in the area of concern who is recognized as such and approved by the QIC. The detailed plan for such preceptorship, including its duration, must be reported to the QIC within forty-five (45) calendar days of the committee's recommendation of this intervention.
- Recommending a mini-residency in the area of concern, with oversight by a teaching provider or medical school faculty member approved by the QIC. The responsible party would agree to this action and provide the QIC with a plan outlining the program, faculty, timeframe for completion, and all other relevant particulars, within forty-five (45) calendar days from the QIC's recommendation of this intervention.

e) Referral to the Division of Medicaid (DOM) for Further Intervention (25 points)

In making this recommendation, the QIC should consider the severity of the problem(s), the frequency, and the potential effect to the Medicaid beneficiary(s). If deemed appropriate in light of these and other specified factors, the QIC must consider whether the

responsible party should be referred to the Division of Medicaid for further intervention or other remedial action.

Note: HSM promotes quality improvement, and, whenever possible, will attempt to work with providers and physicians to resolve problems and patterns of problems without having to resort to referral to the Division of Medicaid. Our goal is to effect change by education, other appropriate interventions, and collaboration with responsible parties.