

2022-23 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
<b>1. QI Program Infrastructure</b>										
1.a.	QI Program Documents	Goal #1: By July 2023, complete draft QI Program Description, QI Work Plan and QI Evaluation revisions in preparation for August Quality Committee meetings. (Deliverables 1-3)	Finalize 2023 -2024 QI Program Description	10/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor of Quality and Performance Improvement Name: Barbara Selig	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.a.			Finalize 2022-2023 QI Work Plan	10/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor of Quality and Performance Improvement Name: Barbara Selig	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.a.			2023-2024 QI Work Plan - Complete Draft	5/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor of Quality and Performance Improvement Name: Barbara Selig	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.a.			Finalize 2022-2023 QI Evaluation	10/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor of Quality and Performance Improvement Name: Barbara Selig	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.b.	Physician Advisory Committee (PAC) oversight of QI Program	By 9/30/2022 Ensure PAC oversight of PHC's QI Program through semi-annual monitoring of the QI Work Plan	QI Trilogy Documents to be reviewed for approval by PAC in September 2022, post-review of other Quality committees to include but not limited to;  * FY 2022-23 - QI Work Plan * FY 2022-23 - QI Program Description * FY 2021-22 - QI Program Evaluation	7/1/2022	9/30/2022	Title: Chief Medical Officer Name: Robert Moore, MD	Title: Administrative Assistant to the CMO Name: Linda Largent	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>2. Measurement, Analytics and Reporting</b>										
2.a.	HEDIS Reporting	By July 30, 2023, report HEDIS MY2022 scores as required annually for NCQA Health Plan Accreditation (HPA) and the DHCS Managed Care Accountability Set (MCAS).	Analyze, validate, and disseminate HEDIS MY2022 results for the required NCQA HPA and the DHCS MCAS Measure Sets. • Master Work Plan updates by 07/30/2022 to accommodate HPA and MCAS unique activities/deliverables.  Prelim rates by: 7/1/23; Final by 7/31/23	7/1/2022	7/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.			Build and conduct Medical Record Projects for DHCS MCAS & NCQA HPA including: • Collect data from approximately 17,000 medical records • Pass the annual HEDIS Medical Record Review Validation (MRRV) Audit • Timely record retrieval and abstraction  Part 1 Planning/Execution: 7/18/22-2/1/23 Part 2 Planning/Execution: 12/31/22-6/15/23	7/18/2022	6/15/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.a.		By June 30, 2023, report HEDIS monthly rates as required by NCQA HPA and DHCS MCAS.	Build test and production environments and prepare administrative data through production implementation, first for HEDIS MY2021 Monthly reporting and then for HEDIS MY2022 Monthly reporting.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.	Member Experience Data	By June 30, 2023, gather, analyze and highlight areas of opportunity for the plan using the CAHPS survey and Grievances & Appeals (G&A) data as it relates to NCQA requirements.	Ongoing collection and analysis of G&A data. Stakeholders to meet on a quarterly basis or as needed to review data in comparison to 2021/2022 CAHPS survey results and provide an annual report to the Board.	7/1/2022	6/30/2023	Title: Sr. Director of Member Services Name: Kevin Spencer	Title: Project Coordinator Name: Anna Hernandez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.c.	Member Services Access	Ensure compliance of internal and delegated access standards as it related to inbound call handling.	Monitor, Analyze and Recommend CAP(s) when appropriate which includes:  • Review internal call center performance stats monthly (performance benchmarks tracked quarterly) on several service level agreements (SLAs)  • Plan to continue to track quarterly delegate call center performance (submitted quarterly by each respective delegate) against established performance thresholds (based on SLAs above) during Delegate Oversight quarterly meetings	7/1/2022	6/30/2023	Title: Sr. Director of Member Services Name: Kevin Spencer	Title: Sr. Director of Member Services Name: Kevin Spencer	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.	Primary Care Provider QIP Provider Experience Data	<b>Goal 1:</b> By June 30, 2023, administer MY 2022 PCP QIP Provider engagement survey and measure against established satisfaction performance metrics.	Goal 1: By June 30, 2023, administer 2022 PCP QIP Provider engagement survey and measure against established satisfaction performance metrics.	3/1/2023	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.		<b>Goal 2:</b> Maintain MY 2021 provider experience survey performance baseline average of 94% or improve satisfactory results by a combined 10% across 5 measurement categories	Goal 2: Maintain MY 2021 provider experience performance baseline average of 94% or improve satisfactory results by a combined 10% across 5 measurement categories	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.		<b>Goal 3:</b> Improve provider survey participation by 10% from prior year survey	Goal 3: Improve provider survey participation by 10% from prior year survey	10/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.		<b>Goal 4:</b> Identify MY 2021 performance opportunities and develop an improvement action plan	Goal 4: Identify MY 2021 performance opportunities and develop an improvement action plan	9/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.e.	Web Based Member Information Assessment	Complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in MEM 6 Element C: Quality and Accuracy of Information.	By June 30, 2023, complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in ME 6 C: Quality and Accuracy of Information	7/1/2022	6/30/2023	Title: Sr. Director of Member Services Name: Kevin Spencer	Title: Sr. Director of Member Services Name: Kevin Spencer	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.	PCP QIP eReports System	Goal 1: By March 2023, release 2023 eReports with Health Rules Payor (HRP) data elements, if available.	Initiate 2023 eReports scoping and development with Web Team and finalize via annual business requirements document approved by QI and IT management	7/1/2022	11/1/2022	Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.			Complete User Acceptance Testing (UAT), inclusive of Health Rules Payor (HRP) integration testing, per approved 2023 eReports BRD, for on-time release to provider network.	11/1/2022	3/1/2023	Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.			Conduct eReports audit(s) to evaluate accuracy of provider uploaded medical record data. Audit outcomes will be used to inform targeted 1:1 and plan-wide provider education on using eReports as MY 2022 is closed and MY2023 is kicked-off.	7/1/2022	3/15/2023	Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.			Goal 2: By June 30, 2023, Provide ongoing provider education on using eReports, stressing the importance of assuring accuracy when manually uploading medical record data	7/1/2022	6/30/2023	Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.	Partnership Quality Dashboard (PQD)	Goal 1: By June 30, 2023, reconcile changes under new integration of Health Rules Payor (HRP) for PQD source data that impact annual dashboard development.	Goal 1: Completion of validation and user acceptance testing activities for all dashboards using updated Health Rules Payor (HRP) source data.	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.	Partnership Quality Dashboard (PQD)		Goal 1: Revise and optimize dashboard development timelines under new Health Rules Payor (HRP) source data availability.	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.	Partnership Quality Dashboard (PQD)		Goal 1: Identify and reconcile any changes to data structure under Health Rules Payor (HRP) that impact dashboard development.	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.g.	Partnership Quality Dashboard (PQD)	<p><b>Goal 2:</b> By June 30, 2023, apply annual development updates of the HEDIS Monthly Exploratory Dashboard in accordance with identified stakeholder needs.</p>	Goal 1: Update business requirements documentation for all impacted dashboards to reflect Health Rules Payor (HRP) data requirements.	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 2: Complete an annual HEDIS Monthly data user needs assessment.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 2: Develop an updated HEDIS Monthly Exploratory dashboard business requirements document (BRD).	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 2: Timely publication of the HEDIS Monthly Exploratory dashboard.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 2: Identify a standardized process to fulfill report requests for HEDIS measure data that cannot be published in the HEDIS Monthly Exploratory dashboard.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 2: Document all data and reporting business needs that are not available to users through the HEDIS Monthly Exploratory dashboard.	7/1/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 3: Work with stakeholders to submit updated annual dashboard business requirements document (BRD) to developers for review and approval.	2/1/2023	3/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
2.g.	Partnership Quality Dashboard (PQD)		Goal 3: Approvals gained between developers and business owners for identified new business requirements.	2/1/2023	3/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Supervisor QI Analysts Name: Anne Gulley	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
		<p><b>Goal 3:</b> By June 30, 2023, apply annual development updates of the PCP OIP Provider and</p>									



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2.h.	Data Governance		3) Enhance Data Quality dashboard to add four new sources of data and modify the existing ones.	7/1/2022	6/30/2023	Title: Director of Enterprise Information Management Name: Dave Hosford	Title: Associate Director of Data Warehouse Name: Arun Saligame	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
<b>3. Value Based Payment Programs - QIP</b>											
3.a.	Primary Care Provider Quality Improvement Program (PCP QIP)	<b>Goal 1:</b> By June 30, 2023, further leverage the PCP QIP program to continue to support HEDIS score improvement, including evaluating program performance post-COVID-19 pandemic performance. Other program support would include monitoring changes to relative improvement methodology, payment methodology, and continuous enrollment requirement	Goal 1: Evaluate impact of changes put in place for MY 2021	7/1/2022	10/30/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.a.			Goal 1: Track, report, and evaluate 2021 program performance	7/1/2022	10/30/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.a.			Goal 1: Complete development of measures for 2023 PCP QIP	7/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.a.			<b>Goal 2:</b> By June 30, 2023, Support provider network and respective sites/clinics in their efforts to use data to improve reporting and performance improvement activities through FY 2022-23	Goal 2: Coordinate in-person meetings with participants and offer ongoing virtual support over the course of measurement year by providing two webinar trainings.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.			Goal 2: Work with PQD Team to update applicable measure changes in respective PQD dashboards.	9/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.a.			<b>Goal 3:</b> By June 30, 2023, program protocols will be reviewed, updates, new process improvements, and lessons learned will be added	Goal 3: MY 2021: Program protocol review, update and add new process improvements and lessons learned.	9/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Sr. Program Manager - Quality Incentive Programs Name: Tara Fogliasso	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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3.b.	Hospital Quality Improvement Program (HQIP)	By June 30, 2023, develop Measurement set to support Hospital Performance Improvement, complete the Evaluation of the HQIP and continue to engage hospitals and key stakeholders in HQIP and Quality Improvement.	Complete development of measures for 2023-24 HQIP	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of QIP Name: Amy McCune	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.			Evaluate 2021-22 hospital program performance by measure in comparison to prior measurement year.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of QIP Name: Amy McCune	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.			Coordinate in-person meetings with Key Stakeholders and Providers through technical workgroups (TWG), Advisory Groups (AG), and offer ongoing technical support over the course of measurement year	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of QIP Name: Amy McCune	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.	Palliative Care QIP	Provide continuous education to providers on Palliative Care Quality Collaborative (PCQC) data entry and encourage first layer of CIN/Member name/POLST validation when downloading to send data to PHC for payment calculations for MY 2022-2023.	Coordinate meetings with participants and offer ongoing virtual support over the course of the measurement year	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.			Evaluate impact of changes put in place for MY 2022-2023	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.	Perinatal QIP	Goal 1: Partner with PQD/enterprise data warehouse (EDW) to develop business requirements document implement FY22-23 PQD Internal Dashboard Enhancements	Goal 1: Partner with PQD/enterprise data warehouse (EDW) to develop business requirements document implement FY22-23 PQD Internal Dashboard Enhancements	7/1/2022	10/30/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Managers Name: Jessica Delaney	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.	Perinatal QIP	Goal 2: Continue to develop Perinatal QIP Measurement set to support HEDIS Score Improvement through May 30, 2023 and leverage support from PHCs Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measure.	Goal 2: Continue to develop Perinatal QIP Measurement set to support HEDIS Score Improvement through May 30, 2023 and leverage support from PHCs Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measure.	3/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Managers Name: Jessica Delaney	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.	Perinatal QIP	Goal 3: Continue to support program and provider participation that improve data and performance by improving and enhancing the perinatal dashboard providing greater visibility into end-of-year audit results.	Goal 3: Continue to support program and provider participation that improve data and performance by improving and enhancing the perinatal dashboard providing greater visibility into end-of-year audit results.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Managers Name: Jessica Delaney	July 1-Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1-June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.d.	Perinatal QIP	Goal 4: PQIP FY21-22 Program Evaluation	Goal 4: Complete PQIP FY21-22 Program Evaluation	12/1/2022	1/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Managers Name: Jessica Delaney	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.	Perinatal QIP	Goal 5: Ensure launch success of electronic clinical data systems (ECDS) as a gateway measure for FY22-23 measurement year. Provide technical support for all participating PQIP participants.	Goal 5: Ensure launch success of electronic clinical data systems (ECDS) as a gateway measure for FY22-23 measurement year. Provide technical support for all participating PQIP participants.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Managers Name: Jessica Delaney	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.	Intensive Out-Patient Care Management (IOPCM) QIP	By 6/30/2023, expand the ECM QIP to include a measurement set tied to quality metrics.	Provide support to internal CalAIM/ECM team and ECM contracted providers with submission tracking, data retrieval and validation, and incentive payment distribution for MY 2022-2023	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.			Coordinate meetings with participants and offer ongoing virtual support over the course of measurement year	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.			Explore opportunities to expand program for MY2023 to include quality measures	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.	Long Term Care QIP	By 6/30/2023, develop a measurement set that supports long-term care quality improvement, complete program evaluation to evaluate the performance in each measure and engage Provider Advisory Group to improve measurement set and engagement in quality improvement efforts.	Coordinate meetings with Key Stakeholders and Providers through Technical Workgroups (TWG), Advisory Groups (AG), and offer ongoing virtual support over the course of measurement year	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.			Complete development of measures for 2023 LTC QIP	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.			Complete program evaluation to monitor and review quality performance for 2022 measurement year.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Manager of QIP Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>4. Improvement Projects, Clinical Quality</b>										



## 2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.a.	HEDIS Measures	By June 30, 2023, the Quality Measure Score Improvement group will complete all defined deliverables for each measure-specific workgroup.	Milestone 1: Define 4 specific deliverables for each measure-specific workgroup by December 2, 2022	7/1/2022	12/2/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan  Title: Senior Project Manager Name: Amanda Kim	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.a.		There are 5 measure-specific workgroups: 1. Pediatrics 2. Behavioral Health 3. Chronic Diseases 4. Medication Management 5. Women's Health  This is a continued goal from a primary focus area last year: "Restore and elevate performance improvement activities" via the measure-specific workgroups.	Milestone 2: Successfully complete all required deliverables for each measure-specific workgroup by June 30, 2022	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan  Title: Senior Project Manager Name: Amanda Kim	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.	Follow-up Care for Initial ADHD Medication	By June 30, 2023, improve the Initiation Phase rate for the HEDIS ADD measure by 10% from measurement year 2021 (MY2021) baseline (Note: MY2021 results for the ADD measure are not yet available due to delays as a result of the system disruption).	Send provider letter notifications of children newly prescribed and dispensed an ADHD medication necessitating an initial follow-up care visit.	9/1/2022	6/30/2023	Title: Director of Pharmacy Services Name: Stan Leung	Title: Director of Pharmacy Services Name: Stan Leung	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.			Perform member outreach calls to AR of children newly prescribed and dispensed an ADHD medication necessitating an initial follow-up care visit.	9/1/2022	6/30/2023	Title: Director of Pharmacy Services Name: Stan Leung	Title: Director of Pharmacy Services Name: Stan Leung	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.			Meet with leaders from clinics performing well for the ADD measure and share best practices with our lower performing clinics.	7/1/2022	6/30/2023	Title: Director of Pharmacy Services Name: Stan Leung	Title: Director of Pharmacy Services Name: Stan Leung	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.	Immunization Poster Campaign Transition	By June 30, 2023: QI team will collaborate with Population Health to transition future middle schools poster campaigns to Population Health to operationalize by June 30 2023.	By September 30, 2022, the Quality Improvement department will document and orient Population Health on the process, and Population Health will develop a plan to successfully execute the poster campaign by the end of fiscal year 2022-2023.	7/1/2022	9/30/2022	Title: Manager of Performance Improvement - Redding Name: James Devan	Title: Administrative Assistant II Name: Greg Allen Friedman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.			By December 31, 2022, engage and secure buy-in from at least one middle school where the immunization poster campaign will be implemented.	9/1/2022	12/31/2022	Title: Manager of Performance Improvement - Redding Name: James Devan	Title: Administrative Assistant II Name: Greg Allen Friedman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.			By March 31, 2023, complete educational portion of the immunization poster campaign at the participating school(s).	1/1/2023	3/31/2023	Title: Manager of Performance Improvement - Redding Name: James Devan	Title: Administrative Assistant II Name: Greg Allen Friedman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

## 2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.c.			By June 30, 2023, winning posters will be ready for distribution at provider and community sites and feedback on the campaign collected for improvement and potential expansion into other counties. Measurement of impact on vaccination rates will follow June 30, 2023.	4/1/2023	6/30/2023	Title: Manager of Performance Improvement - Redding Name: James Devan	Title: Administrative Assistant II Name: Greg Allen Friedman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.	Reduced Missed Opportunities	By June 30, 2023, PHC's QI team will leverage data to determine missed opportunities by comparing member visits with their PCPs against priority quality measure care gaps, and addressing the missed opportunities with providers.	By December 31, 2022, develop reporting that highlights potential care gaps, and validate logic with support from medical directors to ensure clinical accuracy.	7/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.			By March 31, 2023, review reporting with at least two provider partners to solicit input on the reports and compare to provider EHR records.	1/1/2023	3/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.			By June 30, 2023, determine the final use case for missed opportunities. If viable, would reports be available in an external portal like PQD or would it be for internal use to facilitate conversations with providers on improvement opportunities.	4/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.e.			Well Child Birthday Club/Healthy Kids Growing Together Program	The Performance Improvement and Population Health teams will develop a sustainable plan to use best practices from NR and SR Well Child Birthday Club pilots to plan and launch Healthy Kids Growing Together Program in 2023. The Healthy Kids Growing Together Program (HK-GTP) will execute plan-led outreach and incentive promotion and distribution for completion of well child visit care gaps, targeting members ages 3-6yrs plan-wide.	Complete planning components for aligning Well Child Birthday Club components with Healthy Kids Growing Together Program (HK-GTP), including:  - Team formation and RACI  - Define project SMART Aims for 2022-23  - Adapt Well Child Birthday Club materials for alignment with HK-GTP, including member identification, outreach materials design, outreach processes, gift card rewarding processes, DHCS approval process for revised outreach materials	7/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Director of Population Health Name: Rebecca Boyd Anderson	Title: Manager of Performance Improvement - Fairfield Name: Kristine Gual  Title: Manager of Population Health Name: Jessica Hackwell	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
4.e.	Launch HK-GTP outreach processes and incentive distribution for 3-6yrs	1/1/2023			6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen Title: Director of Population Health Name: Rebecca Boyd Anderson	Title: Manager of Performance Improvement - Fairfield Name: Kristine Gual  Title: Manager of Population Health Name: Jessica Hackwell	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Complete monthly mailings of new updated birthday card to PHC members on the BCS measure gap list, starting from June 2022 through December 2022 birthdays.	7/1/2022	12/31/2022	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

**2022-23 Quality Improvement Work Plan**

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.f.	Well-Woman Birthday Club, Screening Mammography	<b>GOAL 1:</b> By June 30, 2023, there will be a 20% activity from PHC members, who are in the Breast Cancer Screening (BCS) measure gap list for Lake County, who have scheduled and completed their screening mammography exam and secured the gift card incentive as part of the Well-Woman Birthday Club Pilot.	PHC's Population Health Department will conduct outcalls to members on the BCS measure gap list 2-3 weeks after each birthday card is mailed. Every other month, Pop Health will conclude their outcalls with a progress report on outcalls and member engagement.	7/1/2022	1/31/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Conduct a feasibility plan to send a reminder post card, which includes PCP address and logo, to eligible PHC members, identified in the mammography gap list who have not completed a screening. Collaborate with PHC's Population Health, Claims, Communication, and the Mailroom.	7/1/2022	9/1/2022	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		If the reminder postcards is approved by PHC and PCP partners, postcard will be mailed on a monthly basis from August – December 2022, 2-3 weeks after initial mailing.	8/1/2022	2/28/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Communicate with four PCP partners, at least monthly, to respond to question and provide updates on outreach.	7/1/2022	1/31/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Communicate to two Imaging Facility partners, via email, at least monthly to respond to question and provide updates on outreach.	7/1/2022	1/31/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Send monthly gap lists to participating PCP and Imaging Center partners on eligible members, with current project report to conduct outreach to their patients.	7/1/2022	12/31/2022	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Receive Claims Reports every 2-3 months to help identify and confirm member engagement with completion of mammograms.	9/1/2023	5/31/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography		Initiate conversations and conduct a feasibility plan to implement mobile mammography event(s) in Lake County, targeting areas that have limited access to imaging centers and leverage the incentive to encourage participation.	7/1/2022	3/23/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

## 2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.f.	Well-Woman Birthday Club, Screening Mammography		Distribute final report to PCPs and Imaging Center partners, and internal Stakeholders.	6/1/2023	6/30/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.f.	Well-Woman Birthday Club, Screening Mammography	GOAL 2: By June 30, 2023, conduct a project evaluation of the birthday pilot for Lake County.	Gather qualitative (from external partners) and quantitative (data) information for the evaluation document and offer recommendations for potential spread to other regions within PHC overall service region.	6/1/2022	6/30/2023	Title: Regional Administrative Director Name: Lynn Scuri	Title: Sr. Improvement Advisor Name: Flora Maiki  Title: Project Manager Name: James Burke	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>5. Service and Patient Experience</b>										
5.a.	Collect Member Experience Data	By June 30, 2023, launch the annual CAHPS survey for 2022/2023 and collect data results.	Provide sample frame to SPH, launch survey and collect results as part of the NCQA member experience process.	7/1/2022	6/30/2023	Title: Sr. Director of Member Services Name: Kevin Spencer	Title: Project Coordinator Name: Anna Hernandez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>6. Care for Members with Complex Needs</b>										
6.a.	Care for Members with Complex Needs	Ensure PHC remains compliant with meeting NCQA (PHM5, A-E) standards as evidenced in the results of our upcoming mock audit and continued quarterly internal compliance audits of Complex Case Management files by June 30, 2023 in preparation for our NCQA Renewal Survey in October 2023 with lookback period beginning in October 2022.	Conduct quarterly audits and/or mock audits with consultant utilizing the NCQA scoring tool to monitor compliance: <ul style="list-style-type: none"> <li>• September 2022 Mock Audit – lookback period Jan-July 2022 (April deferred audit)</li> <li>• October 2022 Audit – lookback period July, Aug, Sep</li> <li>• January 2023 Audit – lookback period Oct, Nov, Dec</li> <li>• April 2023 Audit – lookback period Jan, Feb, Mar</li> </ul>	7/1/2022	6/30/2023	Title: Director of Care Coordination (SR) Name: Katherine Barresi  Title: Director of Care Coordination Operations Name: Melissa McCartney	Title: Associate Director of Care Coordination Name: Angela Guevarra	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>7. Quality Assurance and Patient Safety</b>										
7.a.	Potential Quality Issues (PQI)	By June 30, 2023, conduct Provider in-service sessions related to Potential Quality Issue (PQI) case investigation and resolution.	Provide education to at least 4 provider clinics to promote high quality medical care by identifying areas of non-compliance and reduce risks of adverse events to our members in the community settings and facilities.	7/30/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager, Patient Safety Quality Investigations Name: Rose Santos	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.			Provide in-service to 1 acute hospital setting on PQI referral process related to Provider Preventable Conditions and DHCS reporting requirements	7/30/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager, Patient Safety Quality Investigations Name: Rose Santos	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.	Provider Educational Trainings	The QI department- Patient Safety Site Review Team will assist Primary Care Provider (PCP) sites in transitioning to the newest version of the DHCS mandated 2022 Site Review Tools by conducting at least 15 provider educational trainings, including on-site, virtual, and 1:1 tailored educational training by June 30, 2023	Conduct at least 15 provider educational trainings on Site Review measures, including on-site, virtual, and 1:1 tailored educations by June 30, 2023.	7/1/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager, Patient Safety Quality Inspections Name: Rachel Peterson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

**2022-23 Quality Improvement Work Plan**

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.c.	Preventative Screening Flyer	By 12/31/2022, The QI department- Patient Safety Site Review Team will collaborate with Claims and create a flyer listing all Medical Record Review (MRR) Preventative Screening Standards along with Billing Codes. By 6/30/2023, the Patient Safety Site Review Team will start educating providers with the new flyer during the Site Review Exit Interview Process.	Create a flyer listing all Medical Record Review (MRR) Preventative Screening Standards along with Billing Codes by December 31, 2023.	7/1/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager, Patient Safety Quality Inspections Name: Rachel Peterson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.c.			Implement the use of the new flyer of Preventative Screening Standards along with billing codes into the Site Review Exit Interview Process by 6/30/2022	7/1/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager, Patient Safety Quality Inspections Name: Rachel Peterson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.	Latent TB Infection -12 Dose Treatment	By June 30, 2023, a clinical pharmacist will identify and address 100% of LTBI (latent tuberculosis infection) 12-week treatment regimen concerns, which result from non-adherence, inappropriate prescribing, and/or inappropriate dispensing.	Provide quarterly summary reports for tracked LTBI 12-week regimen, identified gaps in therapy, and actions taken.	7/1/2022	6/30/2023	Title: Director, Pharmacy Services Name: Stan Leung	Title: Director, Pharmacy Services Name: Stan Leung	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.			Provide an annual summary of interventions and analysis of results as determined by prescription changes.	7/1/2022	6/30/2023	Title: Director, Pharmacy Services Name: Stan Leung	Title: Director, Pharmacy Services Name: Stan Leung	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>8. Quality Improvement Training and Coaching</b>										
8.a.	QI Technical Assistance in Partnership with Northern Region Consortia	By June 30 2022, collaborate with Northern Region consortia to bring QI awareness and education to Northern Region providers:  • Develop and post storyboards and infographics to demonstrate successful QI improvement projects over time  • Host recurring forums for QI engagement  • Develop measure best practices to share with Northern Region consortia members  • Complete annual comprehensive organizational profiles for each member to inform and support PHC and provider partnering in improvement activities	Develop at least two project storyboards outlining regional QI projects and post on consortia websites	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a.			Present PHC updates and timely provider education at least 4 times via monthly QI and CMO Peer Network Calls and in-person Rural Round Table events	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a.			Develop materials that highlight best practices for focus HEDIS/QIP measures and proactively share with Northern Region consortia members via consortia hosted webinars, its eNews, or its Peer Network.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a.			Complete comprehensive organizational profiles (i.e. inclusive of QI, PCMH, Workforce, and Finance updates) for each member to support PHC's assessment of current performance and identification of key areas for partnering in improvement.	7/1/2022	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

**2022-23 Quality Improvement Work Plan**

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.b.	Performance Improvement Training Offerings	Provide multiple forms of QI education to the PHC provider network by June 30, 2023	Offer at least four virtual training session on priority MCAS measures across the provider network between January – June 2023.	1/1/2023	6/30/2023	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: Flora Maiki	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.			Offer at least one on-demand Accelerated Learning training for CE/CME across the provider network.	7/1/2022	6/30/2023	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: Flora Maiki	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.			Offer at least one virtual or in person ABCs of QI training series across the provider network	7/1/2022	6/30/2023	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: Flora Maiki	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.			Offer at least one Health Equity training across the provider network.	7/1/2022	6/30/2023	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: Flora Maiki	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.	Joint Leadership Initiative	Continue Joint Leadership Initiative (JLI) meetings structure plan-wide as Partnership's strategic program for engaging executive teams of high-volume provider organizations around quality improvement. Revisit the JLI framework and align with other major provider engagement efforts within Partnership.	By December 31, 2022, develop a tiered system for JLI sites based on quality measure performance. Within the tier system, establish a framework for JLI meeting frequency, as well as content to review. Content will factor the timing within the year, and the urgency of improvement required based on performance.	7/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Project Manager Name: TBD  Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.			By December 31, 2022, schedule and conduct the 2022 fall JLI series that was determined prior to development of tier system.	9/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Project Manager Name: TBD  Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.			By June 30, 2023, schedule and conduct all 2023 JLI meetings in accordance with the new tier structure that was developed.	1/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Project Manager Name: TBD  Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.			By June 30, 2023, conduct an evaluation of JLI providers for MY 2022 to determine effectiveness of JLI series.	1/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Project Manager Name: TBD  Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

**2022-23 Quality Improvement Work Plan**

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.d.	Practice Facilitation and Provider Coaching	The Practice Facilitation program provides provider coaching framework to key SR provider organizations that builds organizational capacity for quality improvement work. In 2022-23, the program's impact and structure will be evaluated and lessons learned will be integrated into the ongoing Practice Facilitation program going forward.	Complete an evaluation of the Practice Facilitation program in 2022.	10/1/2022	12/31/2022	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.			From the 2022 evaluation, integrate at least one "lessons learned" into Practice Facilitation program design.	1/1/2023	6/30/2023	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	Title: Sr. Improvement Advisor Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.	Expansion of Mid-Year Check-Ins with Larger PCPs	PHC's Northern Region QI teams have held mid-year check-ins with providers to review prior year QIP earnings, as well as current QIP performance. By June 30, 2023, PHC will expand implementation of QI mid-year check-ins with providers to PHC's Southern Region.	By September 30, 2022, establish plan-wide criteria for selecting providers to participate in mid-year check-ins, as well as conduct mid-year check-in meetings with this subset of providers.	7/1/2022	9/30/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.			By December 31, 2022, determine criteria to evaluate 2022 mid-year check-ins, using both quantitative and qualitative measures of effectiveness.	10/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.			By March 31, 2023, evaluate 2022 mid-year check-ins and integrate "lessons learned" into planning for 2023 mid-year check-ins.	1/1/2023	3/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.			By June 30, 2023, establish plan-wide criteria for selecting providers to participate in 2023 mid-year check-ins, as well as any changes in process.	4/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Name: Kristine Gual Title: Manager of Performance Improvement (Fairfield)  Name: James Devan Title: Manager of Performance Improvement (Redding)	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.f.	Expansion of Regional	By June 30, 2023 PHC's Northern Region will pilot a regional meeting model similar to what has been implemented in the Southern Region to address	By December 31, 2022, determine existing frameworks of regional meetings already in place in SE and SW to build a plan for NR expansion. Specific interest will be ensuring a connection to the Quality Measure Score Improvement workgroup deliverables, and will provide regional forums to problem-solve issues relevant to quality improvement.	7/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.f.			By December 31, 2022, determine audience and invite stakeholders to participate.	10/1/2022	12/31/2022	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.f.	Quality Meetings	Implemented in the Southern Region to address regional quality improvement topics with local stakeholders.	By March 31, 2023, host a regional meeting with identified stakeholders and relevant topics.	1/1/2023	3/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.f.			By June 30, 2023, solicit feedback from attendees, and if successful define a continuity plan and host at least one follow up meeting with stakeholders to test the plan.	4/1/2023	6/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Performance Improvement - Redding Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.g.	Implementation of Plan Wide HEDIS Week	PHC's Quality Improvement team will develop and conduct a week-long plan wide activity focus on HEDIS education by June 30, 2023.	By August 31, 2022, develop a plan and materials to conduct a virtual HEDIS week activity. Material will be solicited from the HEDIS, Performance Improvement, Quality Incentive, and NCQA accreditation teams.	7/1/2022	8/31/2022	Title: Name: TBD	Title: Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.g.			By September 30, 2022, conduct the virtual HEDIS week activity.	9/1/2022	9/30/2022	Title: Name: TBD	Title: Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.g.			By December 30, 2022: • Develop a survey and distribute to staff to solicit feedback on HEDIS week. • Review survey feedback to determine any changes or adjustments required for future events.	10/1/2022	12/31/2022	Title: Name: TBD	Title: Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.g.			By June 30, 2023, develop a sustainability plan to ensure HEDIS week remains an annual event.	1/1/2023	6/30/2023	Title: Name: TBD	Title: Name: TBD	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>9. Cultural and Linguistics Services (See PHC's 2020 Population Health and Health Education WorkPlan)</b>										
<b>10. Delegation Oversight</b>										
10.a	QI Delegation Oversight	By June 30, 2023, demonstrate strong delegation oversight process in support of delegation standards and PHC policies and procedures.	Quarterly and annual review of delegation committee reports and delegated activities based on submitted documents. Present findings at the Delegation Oversight Committee (DORS) meetings with recommendations.	7/30/2022	6/30/2023	Title: Medical Director for Quality Name: Mark Netherda, MD	Title: Manager of Quality Assurance & Patient Safety Name: Rosemenia Santos	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	



**2022-23 Quality Improvement Work Plan**

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
10.b.	Delegation Oversight	<ul style="list-style-type: none"> <li>Obtain complete picture of current and prospective delegation oversight requirements for both NCQA and DHCS.</li> <li>By January 1, 2023 assess prospective DHCS and NCQA delegation oversight requirements – identify misalignment between the two and understanding of new requirements.                             <ul style="list-style-type: none"> <li>By February 1, 2023 develop a timeline and work plan for compliance with new requirements; communicate timeline and plan with impacted/responsible operational departments</li> </ul> </li> <li>Maintain compliance of all current requirements from July 1, 2022 – June 30, 2023.</li> </ul>	<b>Milestone 1:</b> Obtain a complete picture of current and prospective delegation oversight requirements for both NCQA and DHCS. <ul style="list-style-type: none"> <li>Review 2023 NCQA Standards for significant changes.</li> <li>Review DHCS 2024 delegation oversight requirements.</li> <li>Identify any misalignment between the two agencies.</li> </ul>	9/1/2022	1/1/2023	Title: Director of Reg. Affairs/ Program Development Name: Danielle Ogren	Title: Program Manager II Name: Gary Robinson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
10.b.			<b>Milestone 2:</b> Based on assessment of current and prospective NCQA and DHCS delegation oversight requirements, develop a timeline and work plan for compliance with new requirements. <ul style="list-style-type: none"> <li>By March 1, 2023, Communicate timeline and plan with impacted/responsible operational departments.</li> </ul>	1/1/2023	2/1/2023	Title: Director of Reg. Affairs/ Program Development Name: Danielle Ogren	Title: Program Manager II Name: Gary Robinson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
10.b.			<b>Milestone 3:</b> If there are significant changes identified, plan for and begin conducting pre-delegation evaluations and make updates to applicable delegation agreements with new 2023 NCQA Standards and prospective 2024 DHCS standards. <ul style="list-style-type: none"> <li>Of note, NCQA and DHCS pre-del evals and updates to delegation agreements may need to be on separate timelines for purposes of NCQA lookback.</li> </ul>	1/1/2023	6/30/2023	Title: Director of Reg. Affairs/ Program Development Name: Danielle Ogren	Title: Program Manager II Name: Gary Robinson	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>11. NCQA Program Management</b>										
11.a.			<b>Milestone 1:</b> Obtain a "MET" score on all assigned elements during the mock survey. If gaps are identified during mock survey on Year 1 evidence, business owners will: <ul style="list-style-type: none"> <li>Submit a Corrective Action Plan (CAP) to address any applicable recommendations by September 19, 2022</li> <li>Correct evidence by the applicable look-back period according to the CAP. The new or updated evidence must be submitted to Diane Williams for review. All approvals must be received by October 14, 2022.</li> <li>After the mock survey, any modifications to approved evidence that affect NCQA requirements, including documented processes, must be shared with the NCQA Program Management Team for review and further assessment prior to the effective/production date.</li> </ul> The NCQA Program Management Team will share the CAP document by September 12, 2022.	9/12/2022	6/30/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations  <b>Primary Contacts:</b> Sarah Molteni-Casper Sue Lee	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.a.			<b>Milestone 2:</b> By December 16, 2022, update the annual Health Plan Accreditation (HPA) Workbook (Workplan and Evidence Submission Library): <ul style="list-style-type: none"> <li>Review and confirm or update the workplan information; collect attestations from newly identified key stakeholders and contributors, if applicable</li> <li>Review and update the department's evidence submission library based on HPA 2023 Standards and Guidelines and subsequent tri-annual changes and mock survey findings.</li> </ul> The NCQA Program Management Team will share the annual HPA Workbook by September 30, 2022.	9/30/2022	12/16/2022	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations  <b>Primary Contacts:</b> Sarah Molteni-Casper Sue Lee	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)	
11.a.	Compliance with NCQA Survey Standards	<ul style="list-style-type: none"> <li>Obtain a "MET" score on all assigned elements during the mock survey.</li> <li>By December 16, 2022, update the annual Health Plan Accreditation (HPA) Workbook (Workplan and Evidence Submission Library)</li> <li>Maintain compliance of all assigned requirements from July 1, 2022 – June 30, 2023</li> <li>From July 1, 2022 – June 30, 2023, departments that oversee file review requirements will maintain strict oversight of PHC and non-NCQA Accredited delegates' files to ensure compliance</li> <li>By June 30, 2023 business owners will submit all annotated evidence for Renewal Survey</li> </ul>	<p><b>Milestone 3:</b> Maintain compliance of all assigned requirements from July 1, 2022 – June 30, 2023:</p> <ul style="list-style-type: none"> <li>Complete the annual grand analysis and other NCQA-related reports based on the production date indicated in the Annual Reporting Schedule. All reports will be submitted to Diane Williams for feedback, and all edits are to be incorporated by June 30, 2023.</li> <li>Any modifications to evidence, including documented processes, reports and materials, that need to be made as a result of HPA 2023 Standards and Guidelines / Tri-annual Policy Update / Monthly FAQs, must be addressed as soon as possible and meet the standard in accordance to NCQA's look-back period, timelines and/or expectations. All edits must be submitted to the NCQA Program Management Team and obtain approval by Diane Williams.</li> <li>All evidence must be produced and dated based on the date(s) listed under the Evidence Submission Library. Any date changes or document revisions must be reviewed and agreed upon by the NCQA Program Management Team in collaboration with Diane Williams.</li> </ul>	7/1/2022	6/30/2023	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen</p>	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations	<p><b>Primary Contacts:</b> Sarah Molteni-Casper Sue Lee</p>	<p><b>July 1-Dec 31</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<p><b>Jan 1-June 30</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.a.			<p><b>Milestone 4:</b> From July 1, 2022 – June 30, 2023, departments that oversee file review requirements will maintain strict oversight of PHC and non-NCQA Accredited delegates' files to ensure compliance:</p> <p>For PHC Files</p> <ul style="list-style-type: none"> <li>Business Owners will address all mock survey findings related to the file review requirements by October 14, 2022. Monthly audits with Diane Williams may be instituted, as needed, depending on the severity of the findings.</li> <li>Continue the ongoing monitoring of files and share results with the NCQA Program Management Team, who will provide regular updates to the NCQA Steering Committee.</li> </ul> <p>For non-NCQA Accredited delegates</p> <ul style="list-style-type: none"> <li>Business Owners will implement a corrective action plan for any findings from annual delegation audits, mock file review with Diane Williams, or ongoing monitoring. If issues persist, immediate escalation to the NCQA Steering Committee will occur for executive feedback and decision.</li> <li>Continue ongoing monitoring of files for delegates to ensure compliance throughout the look-back period. Mock file reviews with Diane Williams may be instituted as needed. Business Owners will provide regular updates, including the audit results, based on the risk assessed. These updates will be shared with the NCQA Steering Committee.</li> </ul>	7/1/2022	6/30/2023	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen</p>	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations	<p><b>Primary Contacts:</b> Sarah Molteni-Casper Sue Lee</p>	<p><b>July 1-Dec 31</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<p><b>Jan 1-June 30</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.a.			<p><b>Milestone 5:</b> By June 30, 2023 business owners will submit all annotated evidence for Renewal Survey, based on the evidence dates listed in the Evidence Submission Library for Year 1 and Year 2 of the look-back period, and the submission guidelines provided by the NCQA Program Management Team</p>	5/1/2023	6/30/2023	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen</p>	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations	<p><b>Primary Contacts:</b> Sarah Molteni-Casper Sue Lee</p>	<p><b>July 1-Dec 31</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<p><b>Jan 1-June 30</b></p> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>12. Contracting</b>											
<b>13. Population Health Management: See PHC's 2020 Population Health WorkPlan</b>											
<b>14. Grand Analysis</b>											

## 2022-23 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
14.a.	<b>Grand Analysis - Member Experience (ME7) Report</b>	By August 31, 2023, complete annual Member Experience Grand Analysis (ME7) report.	Completion of Member Experience Grand Analysis Report (ME7) by 8/31/2023.	2/1/2023	8/31/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Project Manager II Name: Anthony Sackett	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
14.a.	<b>Grand Analysis - Pharmacy &amp; Utilization Management (UM1B) Report</b>	By June 30, 2023, complete annual Pharmacy & Utilization Management Grand Analysis (UM1B) reports per Health Plan Accreditation standards.	Complete Annual Grand Analysis Reports (UMB1) (Annual UM Program Evaluation, Annual IRR Report, Annual Timeliness Report) by 6/30/2023.	7/1/2022	6/30/2023	Title: Senior Director of Health Services Name: Peggy Hoover, RN	Title: Director of Pharmacy Services Name: Stan Leung Title: Director of Utilization Management Title: Sharon Hoffman	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
14.a.	<b>Grand Analysis - Continuity and Coordination of Medical Care (QI3) Report</b>	By July 30, 2023, Quality Improvement will complete the annual Continuity and Coordination of Medical Care Grand Analysis (QI3) report.	Complete Continuity and Coordination of Medical Care Annual Grand Analysis Report (QI3) by 7/30/2023.	5/1/2023	7/30/2023	Title: Sr. Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Sr. Project Manager Quality Improvement Name: Dorian Roberts Title: Medical Director for Quality Name: Mark Netherda, MD	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
14.a.	<b>Grand Analysis - Continuity and Coordination of Behavioral Health (QI4) Report</b>	By November 30, 2022, Behavioral Health will complete the annual Continuity and Coordination of Behavioral Health Grand Analysis (QI4).	Behavioral Health will complete their annual Continuity and Coordination of Behavioral Health Grand Analysis Report (QI4) by 11/30/2022.	7/1/2022	11/30/2022	Title: Chief Executive Officer Name: Liz Gibboney	Title: Behavioral Health Administrator Name: Mark Bontrager	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
14.a.	<b>Grand Analysis - Access and Availability (NET3) Report</b>	By September 30, 2022, the 2022 Access and Availability Grand Analysis (NET3) Report will be complete.	Network Adequacy will complete their Access and Availability Annual Grand Analysis Report (NET3) by 9/30/2022.	6/1/2022	9/30/2022	Title: Senior Director of Provider Relations Name: Mary Kerlin	Title: Program Manager II Name: Renee Trosky	<b>July 1-Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1-June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

### Approval Signatures

<b>Robert Moore, MD, MPH, MBA</b> 	08/17/2022
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*Quality/Utilization Advisory Committee Chairperson*

*Date Approved*

<b>Jeffrey Gaborko, MD</b> 	09/14/2022
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*Physician Advisory Committee Chairperson*

*Date Approved*

<b>Alicia Hardy</b> DocuSigned by:  8D19285A2EF147D	10/26/2022   2:57 PM PDT
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*Board of Commissioners Chairperson*

*Date Approved*

2022-23 Quality Improvement Work Plan - Monitoring of Previous Issues				
1. QI Program Infrastructure				
Item #	Project/Program	Goal	Status	Monitoring of Previous Issues (FY 2021-22)
1.a.	QI Program Documents		N/A	
1.b.	Physician Advisory Committee (PAC) oversight of QI Program		N/A	
2. Measurement, Analytics and Reporting				
2.a.	HEDIS Reporting	By 3/30/22, report HEDIS rates monthly for the required Managed Care Accountability Set (MCAS).	Continued	This goal will continue into the '22/'23 QI Work Plan and a new implementation date will be established for the HEDIS Monthly Project in late 2022.
2.b.	Member Experience Data		N/A	
2.c.	Member Services Access		N/A	
2.d.	Provider Experience Data		N/A	
2.e.	Web Based Member Information Assessment		N/A	
2.f.	PCP QIP eReports System	By 3/22/22, release 2022 eReports with HRP data elements, if available. Provide ongoing provider education on using eReports, stressing the importance of assuring accuracy when manually uploading medical record data.	Continued	The eReports Team will continue the work once a new HRP implementation date is announced. This goal will continue into the '22/'23 QI Work Plan.
2.g.	Partnership Quality Dashboard (PQD)		N/A	
2.h.	Data Governance	By 1/31/22, integrate the new claims systems into the HEDIS and PQD programs. This will include merging data from both claims systems and developing Data Stewarding efforts for this data.	Continued	Some of the activities related to this goal are dependent on the HRP go-live date; therefore, this goal will continue into the '22/'23 QI Work Plan.
3. Value Based Payment Programs (QIP)				
3.a.	Primary Care Provider Quality Improvement Program (PCP QIP)		N/A	
3.b.	Hospital Quality Improvement Program (H-QIP)		N/A	
3.c.	Palliative Care QIP (PC QIP)		N/A	
3.d.	Perinatal QIP		N/A	
3.e.	Intensive Out-Patient Care Management (IOPCM) QIP		N/A	
3.f.	Long Term Care QIP		N/A	
4. Improvement Projects, Clinical Quality				
4.a.	HEDIS Measures		N/A	
4.b.	Follow-up Care for Initial ADHD Medication		N/A	
4.c.	Immunization Poster Campaign Transition		N/A	
4.d.	Reduced Missed Opportunities		N/A	
4.e.	Well Child Birthday Club		N/A	2021/22 goal closed out as not met. Additional analysis and funding provided a new program opportunity to be implemented in the 2022/23 FY period. Continuing of monitoring 2021/22 goal is no longer necessary.
4.f.	Well-Woman Birthday Club, Screening Mammography		N/A	
5. Service and Patient Experience				
5.a.	Collect Member Experience Data		N/A	
6. Population Health Management and Care for Members with Complex Needs				
6.a.	Complex Case Management	Improve and streamline PHC's Complex Case Management CCM assessment and desktop process to more efficiently align with DHCS (Complex Case management and Basic Case Management) and NCQA (PHM 5, A-E) demonstrated in our quarterly internal compliance audits by 6/30/22 in preparation for the next NCQA Survey look back period.	Continued	This goal will continue into the '22/'23 QI Work Plan to include results of the deferred audit.
7. Quality Assurance and Patient Safety				
7.a.	Potential Quality Issues		N/A	
7.b.	Site Review Cross-Training		N/A	
7.c.	Site Review - Oversight IRR		N/A	
7.d.	Latent TN Infection -12 Dose Treatment	By June 30, 2023, a clinical pharmacist will identify and address 100% of LTBI (latent tuberculosis infection) 12-week treatment regimen concerns, which result from non-adherence, inappropriate prescribing, and/or inappropriate dispensing.	N/A	Future challenges may arise given lack of in-house pharmacy claims data post pharmacy carve-out and reliance upon outpatient pharmacy data from DHCS/Magellan. The clinical pharmacist will continue to track LTBI non-adherence or pharmacy inappropriate dispensing by utilizing claims data reports generated by PHC Health Analytics.
8. Quality Improvement Training and Coaching				
8.a.	QI Technical Assistance in Partnership with Northern Region Consortia		N/A	
8.b.	Performance Improvement Training Offerings		N/A	
8.c.	Joint Leadership Initiative	By 6/30/22, all designated Joint Leadership Initiative (JLI) organizations will have, at minimum, held two joint meetings with at least one including executive leaders.	Continued	PHC made the Joint Leadership Initiative a priority during this fiscal year out of a desire to keep the leaders of the ten organizations currently participating abreast of current priorities, changes and opportunities; therefore, this goal will continue into the '22/'23 QI Work Plan.
8.d.	QI Orientation for New CMOs		N/A	
8.e.	Expansion of Mid-Year Check-Ins with Larger PCPs		N/A	
8.f.	Expansion of Regional Quality Meetings		N/A	
8.g.	Implementation of Plan Wide HEDIS Week		N/A	
9. Cultural and Linguistics Services (See PHC Cultural and Linguistics Health Education/Cultural and Linguistics Work Plan)				
9.a.			N/A	
10. Delegation Oversight				

10.a.	QI Delegation Oversight		N/A	
10.b.	NCQA Delegation Oversight		N/A	
<b>11. NCQA Project Management</b>				
11.a.	Compliance with NCQA Survey Standards		N/A	
<b>12. Contracting</b>				
<b>13. Population Health Management</b>				
13.a	Population Health Management		N/A	
<b>14. Grand Analysis</b>				
14.a.	Grand Analysis - Member Experience (ME7) Report		N/A	
14.a.	Grand Analysis - Pharmacy & Utilization Management (UM1B) Report		N/A	
14.a.	Grand Analysis - Continuity and Coordination of Medical Care (QI3) Report		N/A	
14.a.	Grand Analysis - Continuity and Coordination of Behavioral Health (QI4) Report		N/A	
14.a.	Grand Analysis - Access and Availability (NET3) Report		N/A	