

2023 Quality Improvement Health Equity Work Plan												
Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Continued or New?	Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	N/A	Annual QIHE Program Evaluation	New	Conduct an annual written evaluation of the QIHE program that includes: 1. A description of completed and ongoing QIHE activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QIHE program and of its progress toward influencing network wide safe clinical practices 4. Annual review of performance measures, education data, consumer satisfaction survey, and findings such as Community Advisory Committee (aka Member Advisory Committee)	The team completed the 2022 Annual QI Program Evaluation for presentation at the May 2023 HCQC meeting The QI 101 Quality Improvement and Health Equity (QIHE) policy was approved at HCQC in March 2023, and ultimately, steps will be taken to evolve the QI program to the QIHE Program in 2023.				All Sub-Committees and HCQC	Q2 2023	AAH will invoice BH 4/1/23
Quality of Care												
Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Continued or New?	Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Manager Name: Farashita Zainal	HEDIS Rates MY 2023	Continuation	Increase the HEDIS/MCAS below MPL (W30 0-15, LISC, CCS, CBP, FUM) scores to meet or exceed MPL by December 31, 2023	2023 rates as of 5/6/2023: CBP - 28.28% CCS - 4.48% FUM - 22.48% LSC - 53.0% W15 - 26.51%				Internal Quality Improvement Committee Quality Improvement Health Equity Committee	12/31/2023	Due to the pandemic, AAH saw a decline in HEDIS measures with multiple years of service. Furthermore, state wide insufficient lead screening kits may be a factor in declining lead screening rates.
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Project Specialist Name: Megan Hls	HEDIS Retrieval and Overreads MY 2023	Continuation	Alongside the analytics team, provide HEDIS support related to medical record retrieval, abstraction, and overreads. The goal is to overread 20% of the abstracted charts for the hybrid measures.	Completed record retrievals. Completed Change University training to conduct overreads; providing overread support for HED measure only. 65% of overreads completed by May 1.	As of June 15th, all the final activities were completed and both Advest and HSAG applied the auditor locks to our rates in IDSS. This year, we were able to -Retrieve/Close 4,561 or 96.4% of our			Internal Quality Improvement Committee	5/02/2023	The quality analytics team benefits from QI partnership in completing their goal of 100% overreads to reduce errors in the HEDIS data submission
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Lead QI Project Specialist Name: James Burke	Pay For Performance (P4P) 2023	Continuation	Incentivizes providers to improve care on P4P measures with quarterly QI oversight. Positive webinars to discuss P4P updates, best practices and answer questions. Meet with 100% of the delegates by December 31, 2023 - meet with at least 30% of Directs by January 30, 2024	Hosted P4P provider webinars to discuss 2023 measures and program details. Disseminate program guides to providers and delegates.	Begin discussing 2024 P4P program, including payroll measures.			Quality Improvement Health Equity Committee	12/20/23	The P4P program has been a successful tool used to support providers improve HEDIS rates
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: Lead QI Project Specialist Name: James Burke	QI PDCA Cycle Training	Continuation	By December 31, 2023, provide support and training to all divisions to utilize the PDCA performance improvement model to develop and evaluate quality improvement projects	On Track	Offered ABCs of QI training to all staff in the Health Care Services division, with over 40 participants in attendance.			All Sub-Committees	6/30/2023	As quality improvement (QI) projects spread throughout the Health Care Service team, it is essential that all staff have an understanding of the PDCA model for improvement. The model provides a vehicle to drive QI projects
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Project Specialist Name: Megan Hls	Priority PIP: Improve FUA/FUM - Improve 30 day follow-up rate	New	Improve the percentage of provider notifications for members with SUD/SMH diagnosis following or within 30 days of emergency department (ED) by December 31, 2025	N/A	PIP submission submitted to HSAG/DHCS on 04/7/23. Resolved approval on 4/12/23. Allocated HSAG PIP overview training 4/26/23. TA with HSAG scheduled July 11			Internal Quality Improvement Committee	12/31/2025	This is a newly assigned PIP. PIP topic was assigned by the state based on low performance
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Project Specialist Name: Bob Hendrix	Equity PIP: Improve Well Child - W15 (6) for African American Children	New	To address the disparity that exists with Well Child visits, by December 31, 2025, increase the percentage of well-child visits (W30-6) amongst African American children between the ages of 0-15 months from 30.54% to MPL.	N/A	PIP submission submitted to HSAG/DHCS on 04/17/23. HSAG approved: DHCS's approval is in progress. Submission included MY22 W30-6 Population: Denominator: 167 Numerator: 51 Rate: 30.54%			Internal Quality Improvement Committee	12/31/2025	This is a newly assigned PIP. PIP topic was assigned by the state based on low performance
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: Lead QI Project Specialist Name: James Burke	SWOT - Improve Well Child W30-6 & W30-5 rates	New	Increase well child visit rates: The first 30 months of life 10-15 (6 or more visits) The first 30 months of life 15-30 months (2 or more visits)	Strategy Submitted to DHCS on 01/03/23. Strategies: - Equity Training P4P Directs Webinars, W30 Measures Highlight Webinar, and W30 Measure Highlight Chart Sheet. -Member Education: Alliance sends mailers, and partner via Community Agency to provide member handouts. -Data Mining W30-6: Understand gaps in services and increase supplemental data.	Submitted update to DHCS in May. Continuing efforts initially established. Next update submission is due on 10/01/23.			Internal Quality Improvement Committee	09/30/2023	This is a SWOT assigned by DHCS based on MY21's performance rates in these two measures.
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Project Specialist Name: Sangeeta Singh	PDCA - Improve Breast Cancer Rates	New	Alameda Alliance for Health (AAH) will improve Breast Cancer Screening (BCS) rates for women (50-74 years from MY2021 55.02% to 55.09% by December 31, 2023.	Mobile Mammography has been schedule for three events in May, May 3rd: LifeLong, May 4th - West Oakland, May 5th: Fremont Directs (Akshay-Narna, Mission/Primary).				Internal Quality Improvement Committee		
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: QI Project Specialist Name: Sangeeta Singh	Workgroup - Women's Health	New	The Alliance will improve on women's health measures in the MCAS, by conducting improvement projects to increase the low performing measures to above the MPL, and to maintain current rates, by December 31, 2023, as follows: Improve Cervical Cancer Screening rates from 51.70% to minimum patient and breast cancer screening proposed 57.64%, by December 31, 2023. Increase Breast Cancer Screening rate for African American Women from 45.22% to meet minimum performance level 51%, by December 31st, 2023	Established a charter and projects for the women's health workgroup. Cervical cancer screening measure proposed 3 new projects and breast cancer screening proposed 4 new projects. CCS Birthday Clients w/ incentive launched 07/01/2023 with BACCA West Oakland and Life Long. Currently working on script for CCS outreach calling, CCS flyer targeting women ages 21-29, mobile mammography and extended hours/staff incentive party. BCS health education flyer is pending approval.				Internal Quality Improvement Committee	12/31/2023	
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: QI Manager Name: Farashita Zainal	Title: Lead QI Project Specialist Name: James Burke	Workgroup - Well Child	New	The Alliance will improve on well-child measures in the MCAS, by conducting improvement projects to increase the rates from below the MPL, to above the MPL, and to maintain current rates, by December 31, 2023, as follows: WCV, from 49.24% to 59.34% 22 MPL: 48.93% LISC, from 57.47% to 67.47% (Admin Rate Focus) 22 MPL: 63.89% W30-6, from 46.56% to 56.57% 22 MPL: 55.72%	Established a charter & projects for drive improvements. Projects the workgroup identified: -Electronic Blood Lead Reporting (EBLR) System -Provider Training (Measure Focus: LISC) -Newborn Letters for Program Members (Measure Focus: W30-6) -Florida Variesh (P) Training for providers (Measure Focus: TFL CH) -Virtual Town Halls (Measure Focus: W30-6, W30-2, WCV, CIB, MA, SBV, TFL-CH, LISC)	Worked through planning phase of a few projects and continuing to develop content. New projects include: -Lead Screening Point of Care Testing -HEDIS Crunch expansion for CPKMG - Fluicide Variesh Video			Internal Quality Improvement Committee	12/31/2023	

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Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	N/A	Annual QIHE Program Evaluation	New	Conduct an annual written evaluation of the QIHE program that includes: 1. A description of completed and ongoing QIHE activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QIHE program and of its progress toward influencing network wide safe clinical practices 4. Annual review of performance measures, utilization data, consumer satisfaction survey, and findings such as Community Advisory Committee (aka Member Advisory Committee)	The team completed the 2022 Annual QI Program Evaluation for presentation at the May 2023 HCQC meeting. The QI 101 Quality Improvement and Health Equity (QIHE) policy was approved at HCQC in March 2023, and ultimately, steps will be taken to evolve the QI program to the QIHE Program in 2023.				All Sub-Committees and HCQC	Q2 2023	AAH will incurse BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hls	Workgroup - Chronic Disease Management -	New	Alameda Alliance for Health (AAH) will improve or maintain performance on chronic disease management measures in the Managed Care Accountability Set (MCAS) to meet the Minimum Performance Level (MPL) by conducting PCSA (Plan, Do, Study, Act) projects by December 31, 2023, as follows: - Asthma Medication Ratio (AMR), maintain at least 10% performance above MPL, by December 31, 2023. - Controlling High Blood Pressure (CBP), increase from 38.2% to 60.0%, by December 31, 2023. - Hemoglobin A1c Control for Patients with Diabetes, decrease from 42.2% to 30%, by December 31, 2023	Established a charter and projects to drive improvement. Projects the workgroup identified: Hypertension and diabetes management; partnering with vendor Gogji for remote monitoring support and care coordination. CHCN funding to support SMBP implementation. Hypertension education initiative in barbershops with Roots HC. Support access and awareness of health education programs. Increase colorectal cancer screening in partnership with Exact Sciences (ColoGuard)	Continuing to share Gogji with clinic; LifeLong has begun implementation. Met with Quest to discuss need for BAA, waiting for more information between departments. Planning to launch joint project with Pharmacy and Health ED on noncompliant HTN and medication management.			Internal Quality Improvement Committee	12/31/2023	This workgroup supports the goal of creating a culture of quality improvement goals throughout the organization and increases alignment of quality improvement efforts across QI department teams.
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hls	Workgroup - Behavioral Health	New	Alameda Alliance for Health will improve on behavioral health measures in the Managed Care Accountability Set that are tied to the Minimum Performance Level (MPL), by conducting PCSA (Plan, Do, Study, Act) projects to increase the rates to meet or exceed the MPL by December 31st, 2023 as follows: - FLUM: Maintain 5% or greater performance above MPL (54.41%) - FLUA: Maintain 7% or greater performance above MPL (21.24%)	Established a charter and projects to drive improvement. Projects the workgroup identified: Increase provider education of the FLUA and FLUM measures through webinars and measure highlight documents. Increase provider notification of member ED visits through use of the ADT report. Monitor rates for the following measures: DSF, DRR, PND, PDS	Continuing to explore improvement opportunities. Measure highlights for FLUA and FLUM have been completed. Meeting with HSAG to further understand PIP topic requirements.			Internal Quality Improvement Committee	12/31/2023	This workgroup supports the goal of creating a culture of quality improvement goals throughout the organization and increases alignment of quality improvement efforts across QI department teams.
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	Title: QI Manager Name: Farashta Zainal	Title: Lead QI Project Specialist Name: James Burke	Provider Training on HEDIS measures	New	Provide multiple forms of QI education to the AAH provider network by December 31, 2023	Three education session: PIP for Diabets Date: 1/18/23 & 1/25/23 # Signed Up: 47 # Attended: 49 VQA Measure Highlight Date: 3/5/23 # Signed Up: 18 # Attended: 19 FLUA & FLUM Measure Highlight Date: 3/15/23 # Signed Up: 18 # Attended: 16				Internal Quality Improvement Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarjaj Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hls	Under Utilization Outreach	Continued	Member outreach to at least 20% of non-utilizers over the age of fifty, and connect 2% to primary care services; outreach to 20% of non-utilizers ages six and under, connect 1% to pediatric primary care services by 6/30/24	Provided Xact with gap list and outreach script. Completed "train the trainer" session with Xact staff. Established regular meetings to discuss campaign logistics.	Campaign calls began May 2, ended June 30. Continuing contact implemented starting Jul 1. Waiting to receive final campaign reporting from Xact as of 7/10.			Internal Quality Improvement Committee	12/31/2023	More than half of members have not seen a PCP, which contributes to low HA rates and may contribute to low performance in other indicators, including increased ED use.
Population Health Management												
Sponsor	Business Owner		Topic		Goal	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues

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Title: Sr. QI Director Name: Michelle N. Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. QI Director Name: Michelle N. Scott Title: Sr. Medical Director Name: Sarajay Bhatt	N/A	Annual QIHE Program Evaluation	New	Conduct an annual written evaluation of the QIHE program that includes: 1. A description of completed and ongoing QIHE activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QIHE program and of its progress toward influencing network wide safe clinical practices 4. Annual review of performance measures, education data, consumer satisfaction survey, and findings such as Community Advisory Committee (aka Member Advisory Committee)	The team completed the 2022 Annual QI Program Evaluation for presentation at the May 2023 HCQC meeting. The QI 101 Quality Improvement and Health Equity (QIHE) policy was approved at HCQC in March 2023, and ultimately, steps will be taken to evolve the QI program to the QIHE Program in 2023.				All Sub-Committees and HCQC	Q2 2023	AAH will invoice BH 4/1/23
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Population Health Management DHCS Readiness	New	5.1 - Develop a robust CaAM PHM strategy to support population health equity by October 2023.	5.1 - Developed policies and procedures re: PHM APLs.				Internal Quality Improvement Committee Health Care Quality Committee	9/30/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Health Equity NCOA Readiness	New	5.3 - Develop a strategic framework and roadmap for NCOA HEC Accreditation by the end of 2023	5.3 - Starting in Q4 2023.				Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	PHM Monitoring of KPIs	New	5.2 - Implement PHM monitoring processes and roadmap by September 2023	5.2 - Developed PHM 2023 strategic goals and objectives to monitor.				Internal Quality Improvement Committee Health Care Quality Committee	9/30/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Population Health Management - PHM Strategy Document	Continued	4.3 - Maintain and conduct yearly update an cohesive plan of action that addresses the Alliance member/population needs across the continuum of care	4.3 - Developed plan of action (strategy) to address population health needs.				Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Population Health Management - PHM Evaluation Document	Continued	4.2 - Conduct yearly impact analysis of the PHM Strategy according to NCOA (Group Care and Med-Call and DHCS: Med-Call) guidelines and implement activities to address feedback.	4.4 - Finalized impact evaluation of 2022 PHM Strategy.				Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Population Health Management - Population Assessment	Continued	4.1 - Conduct annual population health assessment according to NCOA (Group Care and Med-Call and DHCS: Med-Call) guidelines including a gap analysis.	4.1 - Conducted member health assessment and developed gap analysis.				Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Population Health Management - DEI Strategic Framework	New	6.1 - Collaborate with the Chief of Health Equity to incorporate the Alliance's Population Health Management strategy into the organization's DEI strategic framework.	6.1 - Socialized Health Ed and PHM programs with CHCO.				Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	
Quality of Service												
Sponsor	Business Owner		Topic		Goal	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: QI Manager Name: Faruqita Zaral	TBD	QIP #4: Increase Initial Health Appointment rates		By 12/31/2023 improve IHA completion rates from MY2022 37.2% to 46% by December 31, 2023					Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	State issued CAP for IHA
Safety of Care												
Sponsor	Business Owner		Topic		Goal	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues
Title: Sr. Director, Pharmacy Services Name: Helen Lee Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Clinical Pharmacist Name: Ramon Tran Tang	N/A	QIP #5: Opioid / SUD - Continuation	Continued	Goal 1: By 12/31/23, educate chronic opioid users on health habits, management of chronic pain, and alternative therapy and care (>120 MME/day). Goal 2: By 12/31/23, educate opioid users at risk of becoming chronic users (i.e., 50 to 119 MME/day).					Internal Quality Improvement Committee Health Care Quality Committee	Q2	
Title: Sr. Director, Pharmacy Services Name: Helen Lee Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Clinical Pharmacist Name: Ramon Tran Tang	N/A	QIP #5: Opioid / SUD - Continuation	Continued	Goal 3: By 12/31/23, educate providers who are assigned members that utilize high dose opioids (>120MME) and who are prescribing to the Emergency Department with opioid and / or benzodiazepine overdose.					Internal Quality Improvement Committee Health Care Quality Committee	Q2	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. Medical Director Name: Sarajay Bhatt	Title: QI Supervisor Name: Christine Rattay	Potential Quality Issues (PQIs) Continuation-Quarterly	Continued	Monitor, evaluate, and take effective action with >= 95% PQI closure within 120 days to address any needed improvements in the quality of care delivered by all providers rendering services on behalf of the Alliance in any setting along with internal data validation.	As of 3/27/23, 2.23% of PQIs exceeded the 5% 120 day TAT benchmark of 120 days.				Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	6/15/2022	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. Medical Director Name: Sarajay Bhatt	Title: QI Supervisor Name: Christine Rattay	Exempt Grievances Auditing- Biannual	Continued	Ensure clinical monitoring of Exempt Grievances for Quality of Care, Service, Access and Language issues per P&P QI-04 through bi-annual review of 100 randomly selected Exempt Grievances.	This report is performed bi-annually last done in Jan 2023 with a passing score of 100% and is due in June 2023				Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	6/15/2022	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. Medical Director Name: Sarajay Bhatt	Title: QI Supervisor Name: Christine Rattay	Potential Quality Issues (PQIs) Annual Training	Continued	Plan provides documented evidence of ongoing annual training on PQIs by clinical staff for both new and seasoned customer service staff who serve as the frontline entry for the intake of all potential quality of care grievances	Annual training was last performed companywide including MBD in Nov/Dec 2022 and is due in Nov/Dec 2023				Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Access to Care Specialist Name: Luc Tran	Title: Sr. QI Nurse Specialist Name: Kathy Ebido	Facility Site Review (FSR) Continuation	New	100% of corrective action plans for periodic site reviews (FSR/MRI) are received within 30 days and closed within 90 days of FSR/MRI Report.					Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: Michelle Scott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. Medical Director Name: Sarajay Bhatt	Title: QI Supervisor Name: Christine Ratt	Inter-rater Reliability (IRR) Continuation-Annual	Continued	IRR is performed annually to ensure >=90% IRR consistency and accuracy of review criteria applied by all clinical reviewers - physicians and nonphysicians - who are responsible for conducting clinical reviews and to act on improvement opportunities identified through this monitoring.	IRR was last performed in Feb 2023 (passing score for all participants) and due again in Feb 2024				Internal Quality Improvement Committe	3/31/2022	

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Member Experience												
Sponsor	Business Owner		Topic		Goal	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Sheppard	CG-CAHPS Survey Continuation (Quarterly)	Continued	Ensure that quarterly survey questions align with DMHC timely access and language requirements to evaluate member clinical & group satisfaction/experience with Timely Access Standards - Office Wait Time, Call Return Time, Time to Answer Call. To ensure that the survey results are actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. *Starting Q3 2022, the compliance threshold goal was changed from 80% to 70% (with a stretch goal of 80%) for Call Return Time and Time to Answer Call. In Office Wait Time goal remains 80% for 2023.	Call Return Time 4th Quarter 2022 Numerator: 925 Denominator: 1225 Compliance Rate: 75.5% Goal Met: Y Gap to goal: 0% In office Wait Time 4th Quarter 2022 Numerator: 2168 Denominator: 2380 Compliance Rate: 91.1% Goal Met: Y Gap to goal: 0% Time to Answer Call 4th Quarter 2022 Numerator: 1383 Denominator: 1897 Compliance Rate: 72.9% Goal Met: Y Gap to goal: 0%				Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Sheppard	Provider Satisfaction Survey Continuation (Annual)	Continued	Annually, timely completion of measures for provider and staff satisfaction/experience with the health plan and department services. To ensure that the survey meets NCOA requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. Fielding Oct - December 2022 . Goal: 88.3% (2% increase from MY 2022)	Results received Feb. 2022. Overall Satisfaction Plan Rating 86.3% up by 9% points from 2021 77.3%. Met or significantly higher scores compared to SPIA Comm. and Aggregate ExB. Results shared with COO/CEO for review and evaluation of next steps. Provider Services and QI collaborates on the Provider 360 you know campaign to increase satisfaction scores. Will share results at May 3, 2022 A&A Sub-committee meeting				Access to Care Sub-Committee Health Care Quality Committee	01/30/2022	
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Fiona Chan	CAHPS 5.1 (Member Satisfaction Survey) Continuation (Annual)	Continued	Measures member experience with health plan and affiliated providers. To ensure that the annual survey aligns with NCOA standards and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities for member experience. Fielding: Feb - May of 2023 . Goal TBD.	MY 2022 Results Highest and Lowest measures for all LOB identified. Met with internal SME to review data to further discuss opportunity for improvement				Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	
Title: Sr. QI Director Name: (Michelle Stott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Sheppard	After Hours Care Continuation (Annual)	Continued	Audits provide after hours protocols (Emergency Instructions/Access to Provider) and availability according to DMHC/NCOA methodology/standards for PCP, Spec, and BH providers. To ensure that the survey is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. Maintains 80% compliance rate for After Hour Survey. Fielding Oct - Nov 2022	Primary Care Providers Numerator: 71 Denominator: 73 Compliance Rate: 97.3% Goal Met: Y Goal: 80% Specialists Numerator: 192 Denominator: 207 Compliance Rate: 92.8% Goal Met: Y Goal: 80% Behavioral Health Numerator: 102 Denominator: 113 Compliance Rate: 90.3% Goal Met: Y Goal: 80%				Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	

2023 Quality Improvement Health Equity Work Plan												
Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Continued or New?	Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Sr. QI Director Name: (Michelle N. Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	N/A	Annual QIHE Program Evaluation	New	Conduct an annual written evaluation of the QIHE program that includes: 1. A description of completed and ongoing QIHE activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QIHE program and of its progress toward influencing network wide safe clinical practices 4. Annual review of performance measures, education data, consumer satisfaction survey and findings such as Community Advisory Committee (aka Member Advisory Committee) The team completed the 2022 Annual QI Program Evaluation for presentation at the May 2023 HCQC meeting. The QI 101 Quality Improvement and Health Equity (QIHE) policy was approved at HCQC in March 2023, and ultimately, steps will be taken to evolve the QI program to the QIHE Program in 2023.					All Sub-Committees and HCQC	Q2 2023	AAH will invoice BH 4/1/23
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Luc Tran	Title: QI Specialist Name: Fiona Qian	Initial Pre-Neat Visits Continuation (Annual)	Continued	To ensure that the survey aligns with DHCS requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities related to OB/GYN appointments according to Timely Access Standards. Reach or exceed 75% compliance rate for First Prenatal appointment. Fielding Sep - Nov, 2022 HCOS Prenatal visits: 85.36 baseline to 85.40 active (WFL) - increase by 3%	On Track	Numerator: 30 Denominator: 36 Compliance Rate: 55.6% Goal: 75% Goal Met: N Gap To Goal: 19.4% Establish a workshop in collaboration with Provider Relations and Data Analytics to conduct a PDSA for the following: 1.Non-Responding providers/delegates: Provider education regarding the First Pre-Neat Visit survey and regulatory requirements. ABA will issue corrective action plans (CAPs) to non-responding providers beginning Q2 2023. 2.Ineligible providers: The list of ineligible providers will be shared with Provider Services and the Data Analytics department with the intent of ensuring optimal provider database integrity to generate a reliable provider sample. 3.Non-Compliant Providers / delegates / groups: Provider education regarding the First Pre-Neat Visit survey and regulatory requirements. ABA will issue corrective action plans (CAPs) to non-compliant providers beginning Q2 2023. 4.Track and trend OB/GYN QQA PQR reports to identify non-compliant providers beginning Q2 2023.			Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Luc Tran	Title: QI Specialist Name: Fiona Qian	Oncology Survey Continuation (Annual)	Continued	To ensure that the survey aligns with DHCS requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities related to timeliness of Oncology route and urgent care appointments. Maintain a 75% compliance rate for urgent & nonurgent appointment. Fielding Sep - Nov	On Track	Urgent Appx Numerator: 18 Denominator: 35 Compliance Rate: 51.4% Goal: 75% Goal Met: N Non-Urgent Numerator: 39 Denominator: 35 Compliance Rate: 82.3% Goal: 75% Goal Met: Y establish a workshop in collaboration with Provider Relations and Data Analytics to conduct a PDSA for the following: 1.Non-Responding providers/delegates: Provider education regarding the Oncology Visit survey and regulatory requirements. ABA will issue corrective action plans (CAPs) to non-responding providers beginning Q2 2023. 2.Ineligible providers: The list of ineligible providers will be shared with Provider Services and the Data Analytics department with the intent of ensuring optimal provider database integrity to generate a reliable provider sample. 3.Non-Compliant Providers / delegates / groups: Provider education regarding the Oncology Visit survey and regulatory requirements beginning Q2 2023.			Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Access to Care Manager Name: Luc Tran	Title: QI Specialist Name: Fiona Qian	PAAS (Provider Appt Availability Survey) Continuation (Annual)	Continued	To ensure that the annual survey aligns with DHCS requirements to assess appointment availability is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. Maintain a 75% compliance rate for urgent and non-urgent appointment. Fielding Aug - Dec, 2022	MY 2022 Results undergoing analysis and report development				Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Health Education												
Sponsor	Business Owner		QI Activity/Initiative		Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Health Education Operations	Continued	1.1 - Maintain a 90% fulfillment rate for health education material requests and referrals within 2 weeks for threshold languages and within 3 weeks for translated materials through the end of 2023. 1.2 - Sustain member wellness libraries and materials by updating and adhering to the 5 year review cycle. 1.3 - Support coordination and logistics of Member Advisory Committee meetings, monthly and quarterly team meetings through the end of 2023.	1.1 - % average fulfillment rate in q1. 1.2 - Carebook updated pending approval by Dr. Obrien. 1.3 - Supported successful March MAC.				Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Health and Equity
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Health Education Programs	Continued	2.1 - Develop and implement health education program evaluations to drive process and program improvements by Q3 2023.	2.1 - Program evaluation planning begins in July 2023.				Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Health and Equity
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Health Education Programs	New	2.2 - Launch Mental Health Program by July 2023.	2.2 - Developed PHM program objectives.				Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	6/30/2023	Linda Ayala Director of Pop. Health and Equity
Title: Sr. QI Director Name: (Michelle Scott) Title: Sr. Medical Director Name: Sarjap Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Health Education Programs	New	2.3 - Submit Health Education Program Description to DHCS for approval by the end of Q3 2023.	2.3 - Starting in July 2023.				Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	

2023 Quality Improvement Health Equity Work Plan												
Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Continued or New?	Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sarajay Bhatt	N/A	Annual QIHE Program Evaluation	New	Conduct an annual written evaluation of the QIHE program that includes: 1. A description of completed and ongoing QIHE activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QIHE program and of its progress toward influencing network wide safe clinical practices 4. Annual review of performance measures, utilization data, consumer satisfaction survey, and findings such as Community Advisory Committee (aka Member Advisory Committee) The team completed the 2022 Annual QI Program Evaluation for presentation at the May 2023 HCQC meeting. The QI 101 Quality Improvement and Health Equity (QIHE) policy was approved at HCQC in March 2023, and ultimately, steps will be taken to evolve the QI program to the QIHE Program in 2023.					All Sub-Committees and HCQC	Q2 2023	AAH will insure BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Disease Management: Asthma	New	3.1 - Implement the launch of expanded Asthma Disease Management health education and coaching campaigns in Q2 2023. 3.2 - Implement the expansion of Asthma Remediation services to adults in Q3 2023.	3.1 - Updated workflows and streamlining reporting. 3.2 - Starting in July 2023.				Utilization Management/Quality Improvement and Health Equity Committee	6/30/2023 9/30/2023	Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Disease Management: Diabetes	New	3.3 - Implement the launch of Diabetes Disease Management health education and coaching campaigns in Q3 2023.	3.3 - Starting in April 2023.				Utilization Management/Quality Improvement and Health Equity Committee	9/30/2023	Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sarajay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Gil Duran	Disease Management: CVD and Depression	New	3.4 - Implement the launch of Cardiovascular Disease and Depression Disease Management programs in Q4 2023.	3.4 - Starting in Q3 2023.				Utilization Management/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Healty and Equity
Cultural and Linguistic Services												
Sponsor	Business Owner		QI Activity/Initiative		Goal/Justification	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Member Cultural and Linguistic Assessment	Continued	Assess the cultural and linguistic needs of plan enrollees.	CLS Needs assessed at 1/23/2023 CLS Committee.				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	1/31/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Language Assistance Services	Continued	Reach or exceed an average fulfillment rate of ninety-five percent (95%) or more for in-person, video, and telephonic interpreter services.	Q1 - 96.97% fill rate for all modalities of services.				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	4/31/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Provider Language Capacity (Member Satisfaction)	Continued	Based on the Member CGS CANPS Survey, 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan.	Planned implementation Q2				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	7/31/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Provider Language Capacity (Provider Network)	Continued	Complete NQCA NET 1 A Analysis of Capacity of Alliance Provider Network to meet Cultural and Linguistic needs of members.	Planned implementation Q2				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	10/31/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Cultural Sensitivity Training - Participation	Continued	95% of Alliance staff will participate in the annual Cultural Sensitivity training.	Planned implementation Q3 - Q4				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	3/31/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Cultural Sensitivity Training - Enhancements	New	Facilitate collaborative process to update Cultural Sensitivity Training (s) to meet DHCS 2024 requirements.	Updated P&Ps relevant to DHCS 2024 Contract.				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	6/30/2023	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sarajay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Member Advisory Committee	New	Ensure implementation of DHCS 2024 Contract updates to Member Advisory Committee and community engagement.	Updated P&Ps relevant to DHCS 2024 Contract.				Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	9/30/2023	