

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Quality of Care													
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Manager Name: Farashta Zainal	HEDIS Rates MY 2024	N	Continuation	Increase the HEDIS/MCAS measures below MPL in MY2023 to meet or exceed MPL by December 31, 2024					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hils	HEDIS Retrieval and Overreads MY 2024	N	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.					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: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Lead QI Project Specialist Name: James Burke	Pay For Performance (P4P) 2024	N	Continuation	Incentivizes providers to improve care on P4P measures with quarterly QI oversight. Facilitate webinars to discuss P4P updates, best practices and answer questions. - meet with 100% of the delegates by December 31, 2024 - meet with at least 30% of Directs by January 30, 2025					Quality Improvement Health Equity Committee	12/2023	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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal 2024: Linda Ayala(?)	Title: Lead QI Project Specialist Name: James Burke	Health Equity Incentive Pilot	Y	New	incentivizes providers to close care gaps on 3 measures (W15, CCS and CDP) with a focus on race/ethnicities that were 5% below the overall admin rate in 2022. - Facilitate webinars to discuss Health Equity Incentive Pilot - Share care gap reports - Support providers on meeting equity goals							
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: Lead QI Project Specialist Name: James Burke	QI PDSA Cycle Training	N	Continuation	By December 31, 2024, offer two training opportunities for provider participation in learning and applying the PDSA methodology.					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 PDSA model for improvement. The model provides a vehicle to drive QI projects
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hils	Priority PIP- Improve FUA/FUM - improve 30 day follow-up rate	N	New	Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 30 days of emergency department (ED) by December 31, 2025					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Bob Hendrix	Equity PIP- Improve Well Child - W15 (6) for African American Children	Y	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.					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Sangeeta Singh	Workgroup: Women's Health	N	Continued	By December 31, 2024, the Alliance will improve on women's health measures in the MCAS/P4P, by conducting improvement projects to increase the low performing measures to above the MPL and to further increase rates to meet the 90th percentile Women's Health Measures: CCS, BCS, PPC 1 and PPC 2 and CHL.					Internal Quality Improvement Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: Lead QI Project Specialist Name: James Burke Title: QI Project Specialist Name: Bob Hendrix	Workgroup: Well Child	N	Continued	By December 31, 2024 the Alliance will improve on well-child measures in the MCAS, by conducting improvement projects to increase the rates from below the MPL and to further increase rates to meet the 90th percentile. Well Child Measures: W15, W30, WCV, CIS10, IMA, DEV, TFL					Internal Quality Improvement Committee	12/31/2023	

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hills	Workgroup: Chronic Disease Management	N	Continued	By December 31, 2024, Alameda Alliance for Health (AAH) will improve on chronic disease management measures in the MCAS/PAP to meet MPL and to further increase rates to meet the 90th percentile. Chronic Disease Measures: AMR, CBP, HBD 2, CRC					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hills	Workgroup: Behavioral Health	N	Continued	By December 31, 2024 Alameda Alliance for Health will improve on behavioral health measures in the MCAS to meet MPL and to further increase rates to reach the 75th percentile. Behavioral Health Measures: (FUA, FUM)					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: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: Lead QI Project Specialist Name: James Burke	Engagement Outreach Program	N	New	Annually, the Alliance QIHE Engagement Program will help close care gaps in the California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures, and Health Equity gaps, by reaching or exceeding the MPLs through: •Engaging with members through outreach and collaborating with provider and community partners on member focused campaigns. •Participate in quality improvement projects related to member engagement. •Participate and collaborate in QI Department initiatives.							
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: Lead QI Project Specialist Name: James Burke	Provider Training on HEDIS measures	N	Continued	By December 31, 2024, the QI Performance team will offer learning opportunities to the provider network on HEDIS measures, including measures specification and best and promising practices in and out of the Alameda Alliance network.					Internal Quality Improvement Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	Title: QI Project Specialist Name: Megan Hills	Non / Under Utilization Outreach	N	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 % to pediatric primary care services by 6/30/24					Internal Quality Improvement Committee	12/31/2023	More than half of members have not seen a PCP, which contributes to low IHA rates and may contribute to low performance in other indicators, including increased ED use.
Population Health Management													

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: Michelle N. Stott Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 CalAIM PHM strategy to support population health equity by October 2023.					Internal Quality Improvement Committee Health Care Quality Committee	9/30/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 HEQ Accreditation by the end of 2023.					Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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.					Internal Quality Improvement Committee Health Care Quality Committee	9/30/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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.					Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 Medi-Cal) and DHCS (Medi-Cal) guidelines and implement activities to address findings.					Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 Medi-Cal) and DHCS (Medi-Cal) guidelines including a gap analysis.					Internal Quality Improvement Committee Health Care Quality Committee	5/30/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Population Health and Equity Name: Linda Ayala	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.					Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	
Quality of Service													
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	TBD	QIP #4: Increase Initial Health Appointment rates			By 12/31/2024 Improve IHA completion rates from MY2023 to MY2024 by 3%.					Internal Quality Improvement Committee Health Care Quality Committee	12/31/2023	State issued CAP for IHA
Safety of Care													
Title: Sr. Director, Pharmacy Services Name: Helen Lee Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Clinical Pharmacist Name: Ramon Tran Tang	N/A	QIP #5: Opioid / SUD - Continuation		Continued	Goal 1: By 12/31/24, educate chronic opioid users on health habits, management of chronic pain, and alternative therapy and care (>120 MME) daily). Goal 2: By 12/31/24, educate opioid users at risk of becoming chronic users (i.e., 50 to 119 MME/day).					Internal Quality Improvement Committee Health Care Quality Committee	12/31/23	Staff bandwidth and staffing transition
Title: Sr. Director, Pharmacy Services Name: Helen Lee Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Clinical Pharmacist Name: Ramon Tran Tang	N/A	QIP #5: Opioid / SUD - Continuation		Continued	Goal 3: By 12/31/24, educate providers who are assigned members that utilize high dose opioids (>120MME) and who are presenting to the Emergency Department with opioid and / or benzodiazepine overdose.					Internal Quality Improvement Committee Health Care Quality Committee	12/31/23	Staff bandwidth and staffing transition
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Supervisor Name: Christine Rattray	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.					Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	12/31/23	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Supervisor Name: Christine Rattray	Exempt Grievances Auditing- Biannual		Continued	Ensure clinical monitoring of Exempt Grievances for Quality of Care, Service, Access and Language issues per P&P QI-104 through bi-annual review of 100 randomly selected Exempt Grievances.					Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	12/31/23	

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Supervisor Name: Christine Rattray	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 front-line entry for the intake of all potential quality of care grievances					Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
		Title: QI Supervisor Name: Christine Rattray	PQI ModivCare Focus	No	New	On tracking and trending of PQI cases as well as a review of grievances, we note a substantial number of C1 / C2 cases and member complaints related to missed rides.						End of Q4?	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: Sr. QI Nurse Specialist Name: Kathy Ebido	Facility Site Review (FSR) Continuation		New	100% of corrective action plans for periodic (full-scope) site reviews (FSR/MRR) are received within 30 days and closed within 90 days of FSR/MRR Report. CAP closure do not exceed 120 days from FSR/MRR Report.					Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Supervisor Name: Christine Rattray	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 non-physicians - who are responsible for conducting clinical reviews and to act on improvement opportunities identified through this monitoring.					Internal Quality Improvement Committe	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: Michelle Stott	Title: Sr. QI Nurse Name: Kathy Ebido	Skilled Nursing Facility/Long Term Care (SNF/LTC) Quality Monitoring		New	Develop quality monitoring process for SNF/LTC to meet APL 23-004 SNF/LTC Benefit Standardization: CMS SNF QAPI Program, quality and HEDIS measures, and track/trend monitoring for facilities.					SNF/LTC Project Health Care Quality Committee	12/31/2023	
Member Experience													
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Shepard	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 90% for 2023.					Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Shepard	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)					Access to Care Sub-Committee Health Care Quality Committee	01/30/2022	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Fiona Qian	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.					Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Tanisha Shepard	After Hours Care Continuation (Annual)		Continued	Audits provide after hours protocols (Emergency Instructions/Access to Provider) and availability according to DMHC/NCQA 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					Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	Title: QI Specialist Name: Fiona Qian	Initial Pre-Natal 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 appts offered according to Timely Access Standards. Reach or exceed 75% compliance rate for First Prenatal appointment. Fielding Sep - Nov. 2022 HEDIS Prenatal visits: 85.36 baseline to 85.40 admin (MPL) - increase by 3%					Access to Care Sub-Committee Health Care Quality Committee	3/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc 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 routine and urgent care appointments. Maintains a 75% compliance rate for urgent & non-urgent appointment. Fielding Sep - Nov.					Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Specialist Name: Fiona Qian	PAAS (Provider Appt Availability Survey) Continuation (Annual)		Continued	To ensure that the annual survey aligns with DMHC requirements to assess appointment availability is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. Maintains a 75% compliance rate for urgent and non-urgent appointment. Fielding Aug - Dec. 2022					Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Specialist Name: Fiona Qian	Provider Visits and Training		New								
Health Education													
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 95% 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.					Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Health and Equity

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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.					Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 Maternal Mental Health Program by July 2023.					Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	6/30/2023	Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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 Descriptors to DHCS for approval by the end of Q3 2023.					Internal Quality Improvement Committee/Quality Improvement and Health Equity Committee	12/31/2023	
Title: Sr. QI Director Name: Michelle Stott Title: Sr. Medical Director Name: Sanjay 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.					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: Sanjay 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.					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: Sanjay 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 Managemeth programs in Q4 2023.					Utilization Management/Quality Improvement and Health Equity Committee	12/31/2023	Linda Ayala Director of Pop. Healty and Equity
Cultural and Linguistic Servcies													
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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	Y	Continued	Assess the cultural and linguistic needs of plan enrollees.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	12/31/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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	Y	Continued	Reach or exceed an average fulfillment rate of ninety-five percent (95%) or more for in-person, video, and telephonic interpreter services.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	12/31/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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	Y	New	Ensure tracking of interpreter services utilization for behavioral health services.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	12/31/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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)	Y	Continued	Based on the Member CG-CAHPS 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.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	12/31/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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 (Member Satisfaction)	Y	New	Complete Timely Access Requirement (TAR) Survey to assess member's satisfaction with: a)scheduling appointments with an interpreter; b)availability of interpreters who speak member's preferred spoken language; c)knowledge, skill, and quality of interpreters.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	6/30/2024	

2024 Quality Improvement & Health Equity (QIHE) Work Plan

Sponsor	Business Owner	QI Staff Lead	QI Activity/Initiative	Health Equity Focus (Y/N)	Continued or New?	Goal/Justification	Q1, 2024	Q2, 2024	Q3, 2024	Q4, 2024	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: (Michelle N. Stott) Title: Sr. Medical Director Name: Sanjay Bhatt	N/A	Annual QIHE Program Evaluation	Y	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)					All Sub-Committees and HCQC	Q2 2023	AAH will insure BH 4/1/23
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay 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 and Race and/or Ethnicity (Provider Network)	Y	Continued	Complete NCOA NET 1 A Analysis of Capacity of Alliance Provider Network to meet Cultural and Linguistic needs of members.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	4/1/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Community Engagement: Community Advisory Committee (CAC)	Y	Continued	Ensure implementation of DHCS 2024 Contract updates to CAC and community engagement.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	6/30/2024	
Title: QI Senior Director Name: Michelle Stott Title: QI Medical Director Name: Sanjay Bhatt, MD	Title: Director of Population Health and Equity Name: Linda Ayala	Title: Manager of Cultural and Linguistic Services Name: Mao Moua	Potential Quality Issues- Quality of Language (PQI-QOL)	Y	New	Monitor, evaluate, and conduct appropriate interventions for PQI-QOLs with a closure rate of 95% or more within 30 business days.					Cultural and Linguistic Services Committee/Quality Improvement Health Equity Committee	6/30/2024	