



Program Development and Implementation Plan

West Virginia Health Care Authority Quality and Utilization Advisory Group Program Development and Implementation Plan

Introduction:

This program development and implementation plan is based upon the final report from the 1999 Quality and Utilization Advisory Group, Summary of Work and Recommendations for Plan Development. The group completed its work in July 1999. The following strategies form the basis for program development:

Adopt a narrow focus in the beginning, and expand that focus as the program gains experience and success. Initially build on existing quality efforts within the state, then expand to new initiatives based upon need and impact within West Virginia. Define quality of care as inclusive of important indicators of utilization such as length of stay and necessity of admissions. Consider cost when evaluating current practices around the state and developing new strategies for improvement. Consider population based methodologies when developing programs.

* The HCA has decided to focus strictly on population based methodologies initially.

Phase I:

Time Line: January-March 30, 2000

Goal 1: Adopt a population based disease/injury state focus with an initial target of four key areas that are important and can have the greatest impact in West Virginia.

- Objective 1: Adopt four targeted population based disease/injury focus areas recommended by the WV HCA 1999 QUAG. The recommended areas for focus are:
 - Diabetes
 - Cardiovascular Disease
 - Low Back Injury
 - End of Life
- Action: WV HCA accepts QUAG recommendation.
- Objective 2: Identify other in-state initiatives in four target areas, select sub-team representatives and HCA research staff to design program structure, data collection and reporting and improvement interventions.
- Action: Identify other in-state initiatives in these four areas, bring together representatives of those initiatives to advise on program structure, data collection and reporting, and improvement interventions.
- Action: Form a sub-team of representatives from those initiatives to begin collaboration with HCA research associate around data collection and reporting.

Status of Phase I: Four Focus areas accepted. Other in-state initiatives identified. Meetings set (February 9, 10, 16, 17, 2000) to gain further insight of identified initiatives, and to identify individuals to serve on continuing QUAG workgroup.

Phase II:

Time Line: March 30-June 30, 2000

Goal 1: Identification of Quality Indicators and Benchmarking of Other State Programs

- Objective 1: Identify the Quality Indicators for the selected disease/injury states using such resources as the HCUP Quality Indicators, HEDIS, JCAHO, NCQA, ORYX, etc. Incorporate indicators on length of stay and necessity of admissions as appropriate.
- Objective 2: Benchmark quality programs within other states to gain understanding of their program outcomes and the strengths and difficulties of the process.
- Action: Programs in other states will be identified and the sub-team of QUAG will review data from benchmarking efforts.

Phase III:

Time Line: July 1- September 30, 2000

Goal 1: Design Systems for Data Collection and Analysis

- Objective 1: Using selected quality indicators, design data collection systems and data sources working in collaboration with:
- Other West Virginia studies in progress, i.e. WV Disease Management Plan, WVMI, West Virginia University, Marshall University, Bureau of Public Health, and health insurance plans.
- The database development initiatives of the Data Advisory Group, State Health Plan Initiative, and The CHRIS initiative in progress at HCA.
- Action: Identify other quality initiatives within West Virginia focused on the selected disease/injury states, and form a sub-team of representatives from those initiatives; collaborate around data collection and reporting.

Phase IV:

Time Line: September 30, 2000-Ongoing

Goal 1: Data Analysis and Reporting

- Objective 1: Analyze existing WV data to understand variations among high risk populations, communities, counties, and regions in the state.
- Action: Utilize established private/public partnerships to assist in further identification and analysis of existing data.

Phase V:

Time Line: July 1, 2001-Ongoing

Goal 1: Development of Targets and Benchmarks, Measurement Systems and Improvement Initiatives

- Objective 1: Establish a private/public partnership to:
 - Recommend quality standards and best practices.
 - Analyze and monitor quality data, and measure and report quality outcomes.
 - Design and implement quality improvement breakthrough projects and initiatives to positively influence quality outcomes.
 - Engage in on-going benchmarking with other states to understand the problems occurring in their quality systems and compare inpatient and outpatient experiences.
 - Analyze existing West Virginia data to understand variations among high risk populations, communities, counties and regions within the state.
 - Identify and provide recommendations regarding high impact quality improvement initiatives.
- Action: Approach members of the QUAG regarding acceptance of a continuing role. Add other key resources to achieve partnership profile.
- Objective 2: Using a population – based approach develop quality targets and benchmarks for best practices, adopting a systems approach for measuring and improving performance. The development of such targets and benchmarks should consider:
 - Over-utilization of Services
 - Under-utilization of Services
 - Access to Services
 - Disparities of outcomes across communities, geographic areas, delivery systems and health issues
 - Costs associated with multiple strategies for target achievement
 - Healthy behaviors and practices
- Action: Form task forces, with representation from all parties having accountabilities within the system to recommend system targets and benchmarks.

Phase VI:

Time Line: July 2001-ongoing

Goal 1: Development of a system for incentives and sanctions in support of quality improvement and reporting initiatives.

- Objective 1: Establish breakthrough quality groups to pursue quality improvement
- Action: Form task forces, with representation from all parties having accountabilities within the system, to review the processes associated with achievement of outcomes, and make recommendations for improvement of such processes and outcomes.
- Objective 2: Develop policies for incentives and sanctions that support data reporting and

quality improvement.

- ➔ Action: HCA will lead an effort to formulate and implement specific policies and plans. Such policies and plans should include the development and adoption of quality standards, a provision for evaluating provider performance, and a system of imposing sanctions when appropriate.