

Overview of the Quality Improvement Program

It is the mission of Highmark Western and Northeastern New York Inc (HMWNENY) to make high-quality healthcare readily available, easily understandable, and truly affordable in the communities we serve. It is the goal of the Highmark Western and Northeastern New York Quality Program (QP) to ensure that all individuals experience the right care, at the right time, in the right way at each stage of their personal healthcare journey. This will be accomplished by keeping individuals and populations healthy and delivering safe, reliable, accessible, affordable, evidence-based care.

The scope of the QP is comprehensive. It includes all Highmark Western and Northeastern New York Inc. members for all operating areas, as well as practitioners and providers who participate in the network. This includes Commercial (HMO, POS, PPO, Federal Employees Program [FEP]), EPO, Medicare Advantage, ASO, Essential Plan, Exchange/Qualified Health Plan products, and oversight of Child Health Plus and Medicaid Managed Care.

The Quality Program includes organizational wide activities, a focus on trend analysis, and development of interventions that improve the quality of care and service provided to our members. The activities include clinical, service, and patient experience. Integration across the Enterprise Risk & Governance, Quality Management, Utilization Management and Population Health Management teams and programs provides a framework for continuous assessment and improvement of various aspects of the health care delivery system. Cross functional teams' interface across the continuum to achieve shared goals, such as improving clinical outcomes and member experience, implementing a more robust quality strategy, supporting clinician led care delivery and driving operational excellence.

Quality Program (QP) Purpose and Objectives

The QP provides the infrastructure necessary to improve the quality, safety, and equity of clinical care and services provided to members. The objectives of the QP are as follows:

- Continuously improve client and member experience of care, as well as their health, by anticipating and evaluating their needs and proactively aligning those needs with appropriate programs and services that reduce and/or control clinical risk.
- Support and promote the delivery of care by providing a high-quality network of practitioners and providers.
- Offer data-informed, evidence-based, and comprehensive health care services and programs that are continuously improved based on outcomes.
- Build effective partnerships with members and their caregivers/families, clients, providers, facilities, payers, and the community to understand their objectives and needs and adapting products and/or services accordingly to create positive and lasting change and a differentiated member and provider experience.
- Utilize advanced analytics and proven quality improvement strategies and tools to measure and improve outcomes of care and service and achieve meaningful and sustainable improvement.
- Enhance transparency efforts to promote member engagement, customer intimacy, and support members in making appropriate decisions about care.

- Continue to work toward achieving health equity through reducing health care disparities, enhancing health literacy, and providing culturally and linguistically appropriate services.

Quality Program (QP) Structure

The QP is structured to effectively operationalize tasks required to achieve identified goals and objectives. This includes assigned functional area responsibilities; defined reporting relationships for staff and committees; and the availability of adequate resources, both internal and external, including network practitioners and members, to ensure the overall effectiveness of the program. The specific goals, functional areas and their responsibilities are outlined below:

- Develop and implement a quality strategy & roadmap for improving Quality in the Living Health model that includes, but is not limited to, reducing overuse, underuse, & misuse and managing unwarranted variation across the organizations.
- Support the organization's efforts on the Behavioral Health Strategy.
- Maintain 100% compliance with applicable regulatory/accrediting bodies and continuous audit preparedness through collaboration between Quality, Enterprise Risk & Governance, and business owners.
- Achieve highest NCQA Health Plan accreditation status for applicable products.
- Create a culture of quality and health across the enterprise through integration activities including quality committees.
- Support quality components tied to revenue, including MA Star, and FEP Performance Improvement clinical measure projected targets.
- Develop and implement targeted patient safety initiatives identified through quality-of-care reviews, e.g., including topics such as fall prevention, serious reportable adverse events/'never events', hospital acquired conditions, and shared decision-making.
- Collaborate with internal analytics department to create and obtain a monthly report of HEDIS® Effectiveness of Care data to be analyzed for improvement opportunities.
- Focus on health literacy through development of member educational materials.
- Refinement and enhancement of quality processes and initiatives.
- Utilize proven QI tools and techniques for continuous process improvement and elimination of waste.
- Evaluate clinical and service quality data (HEDIS®, CAHPS®, EES, HOS, internal data, continuity, and coordination of care, etc.) on at least an annual basis to drive improvement activities for all products.
- Expand/enhance medical record retrieval, data collection efforts, and use of supplemental data resources to support annual HEDIS reporting for all populations.
- Support the organization's efforts on the board approved and enterprise focused measures.

Quality Program Effectiveness/Evaluation/Approval Process

The effectiveness of the QP is evaluated on an annual basis. The Program Evaluation addresses all aspects of the QP process and activities as outlined in the Program Description/Action Plan. The QP

Evaluation is presented to the Quality Management Committee and the Board Directors for approval. Previously identified issues and ongoing projects are incorporated into the Action Plan for the subsequent year.

The QI Annual Evaluation is a summary of the quality improvement activities that occurred within the organization throughout the year. It contains highlights of the findings, including:

- An assessment of the key completed, and ongoing QI activities outlined within the Quality Program Description.
- Lessons learned, identified barriers and opportunities.
- Fact-based goals aimed at driving measurable improvement in healthcare outcomes and satisfaction with our health plan and with healthcare services for our members.
- Initiatives, activities, and outcomes described and updated in the QI Work Plan.
- An analysis is performed annually, including quantitative results for relevant clinical, cost/utilization and experience measures, along with a comparison of the results against benchmarks and goals.

The focus of the QI Program is to continuously assess and improve both the care delivered to our members by our participating practitioners/providers and the services delivered to our members by Highmark Western and Northeastern New York. The organization has the responsibility of designing, measuring, assessing, and continually improving its performance. The result is enhanced health and improved well-being of the populations we serve.

An assessment of the overall effectiveness of the 2023 Quality Program concluded that the Quality Management Committee and Board of Directors authority, functions, practitioner participation and leadership have shown to be effective and satisfactory and will continue for 2024 with two inclusions to the QMC sub-committees:

- Highmark Inc./Highmark Western and Northeastern New York Inc. Management Service Agreement Joint Oversight Committee.
- Highmark enterprise Mental Health and Substance Use Disorder Parity Compliance Committee.

The Quality Program resources are deemed sufficient to sustain the program as outlined in the 2024 Quality Program Description and Work Plan.

If you would like a paper copy of this report or Quality Program Description, or need additional information, please call the number on the back of your card. You may also write to us at the following address:

Highmark Blue Cross Blue Shield
Attn: Quality Department
1 Seneca Street
Suite 4300
Buffalo, NY 14203