Maricopa Integrated Health System

Federally Qualified Health Center Look-Alike
Primary Care
Ambulatory and Physician Services
Quality Improvement and Quality Assurance Plan
FY2020
Effective Date: 2005  
Revised: June 2007; July 2008; September 2009; June 2011; June 2012; March 2014; October 2015;  
August 2018, June 2019

| Approved: |  
| --- | --- |  
| Liz McCarty | 8/13/19 |  
| MHCGC Chair: Liz McCarty |  
| Barbara Harding | 8/13/2019 |  
| FQHC LAL CEO: Barbara Harding |  
|  | 8/13/2019 |  
| MHCGC Compliance and Quality Committee Chair: Eileen Sullivan |  
|  | 8/13/2019 |  
| Kevin Lopez | 8/13/19 |  
| FQHC LAL Medical Director/FQHC Quality Director: Kevin Lopez, MD |  

Review and approvals

The Maricopa Health Centers Governing Council (MHCGC) has reviewed and approved this Quality Improvement and Quality Assurance (QI/QA) Plan, as reviewed and approved by the Compliance and Quality Committee and affirms the Council’s commitment to quality improvement to better meet the mission of the Maricopa Integrated Health System (MIHS).
Quality Improvement and Quality Assurance Plan

Introduction
Maricopa Integrated Health System (MIHS) is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. Over a remarkable 140 plus year history, MIHS has built a reputation of quality healthcare, places compassion at the forefront and is renowned for ethical stewardship of community resources and financial investment.

The MIHS mission is "To provide exceptional care, without exception, every patient, every time." MIHS employs a comprehensive approach to continual excellence of healthcare, clinical training and population health research.

MIHS Ambulatory Care Services includes the MIHS Federally Quality Health Centers Look Alike (FQHC-LAL) clinics. The HRSA designated LALCS00037 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, AZ includes:

- 10 Family Health Centers (FHC)
- McDowell Health Center – Primary Care for persons living with HIV/AIDS
- Comprehensive Health Center (CHC) includes Internal Medicine, Pediatrics, Women’s Care, Dental, Antepartum Testing and Diabetes Education

MIHS serves as the healthcare safety net for Maricopa County in Arizona. Maricopa County is geographically located in the south-central portion of Arizona and spans a total area of 9,224 miles. Twenty-five cities and towns are located in Maricopa County. The largest city, Phoenix, is both the County seat and the State capital. The target population within these communities is ethnically/rationally diverse (73%), of which 57% are Hispanic and nearly 10% are African-American. Over 30% of patients are non-English speaking. Ethnically diverse children comprise the clear majority of MIHS pediatric patients: in FY16, nearly 90% of all children were of racial/ethnic diversity, with 74% Hispanic. Adults within the target population, including parents and care givers have high levels of unemployment and face numerous challenges and barriers in accessing health care services. Fifty to sixty percent of adults obtaining services at MIHS FQHC look-a-like clinics have AHCCCS (State of Arizona Medicaid), the MIHS Financial Assistance Program (sliding fee scale) or are self-pay.

In fiscal year 2018, MIHS FQHC LAL clinics MIHS saw 89,727 patients 1 for 279,692 visits.

MIHS’ service area has high rates of poor health indicators with high rates of obesity, diabetes, cardiovascular disease and respiratory illness. With many individuals living within medically underserved areas, access to care can frequently be a challenge for underserved residents. To combat these challenges, MIHS is dedicated to addressing the social determinants of health for all patients. MIHS is certified as NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program, embedded into all MIHS medical
clinics, helps to ensure children and families receive access to medical care and social services. Strong community partnerships include providing early literacy programs at some of MIHS’ FQHC look-a-like sites, supplying free lunches in collaboration with a local food bank, and a monthly food distribution program, which help patients and families address both their medical and social needs.

All designated FQHC-LAL primary care clinics receive leadership oversight by the HRSA-sanctioned Maricopa Health Centers Governing Council (MHCGC). Member responsibilities include ensuring the organization is community-based and responsive to the needs of the population it serves.

MIHS FQHC-LALs serve adult and pediatric patients, providing primary care services including:
- Adolescent care
- Teen pregnancy
- Refugee care
- Diabetes outreach education
- Adult and Pediatric dental
- Cardiology
- Radiology
- Laboratory and Pharmacy services

Outside of the designated FQHC-LAL scope of work, MIHS offers a wide range of specialty services including: gastroenterology, infectious diseases, rheumatology, neurology, endocrinology, dermatology, sports medicine, urology, oncology, breast care, dialysis, general and specialized surgery, hand and plastics, orthopedics, ear-nose-throat, ophthalmology, specialty pediatrics, cardio-pulmonary care and physical and occupational therapy.

Mission, Vision and Values
The MIHS FQHC-LALs Quality Improvement and Quality Assurance (QI/QA) Plan serves as the foundation of the health center’s commitment to continuously improve and ensure the safety and quality of the services provided to all patients.

Our Mission

Our mission statement is the first glimpse into our organization, and our first opportunity to represent ourselves to our patients, families, visitors and outside entities. The MIHS mission is: “To provide exceptional care, without exception, every patient, every time.”

Our Vision

The MIHS vision creates a 21st century model for patient care and medical education that improves access, quality, cost and outcomes for patients and increases the supply of future health professionals.
Our vision is: “Maricopa Integrated Health System will be nationally recognized for transforming care to improve community health.”

In short, MIHS envisions an opportunity to reinvent the community safety net as it is known today. This means:

- Providing convenient, affordable quality care where and when people need it most.
- Integrating healthcare seamlessly into the lives of patients and consumers.
- Engaging individuals in their own care.
- Casting a stronger net of programs and services to keep all members of our community well.

**Our Values**

Our values are essential and enduring beliefs that guide our actions every day. They describe what our organization believes in, and how we treat each other, our patients, families and visitors.

Our MIHS values include the following:

**Accountability**

- We hold ourselves and each other accountable by accepting personal responsibility for all that we do and stewardship of the resources we deploy on behalf of our community.

**Compassion**

- We demonstrate sensitivity to our patients and each other by offering emotional, spiritual, cultural and physical support.

**Excellence**

- We are committed to delivering breakthrough quality and service that exceeds expectations, improves outcomes and provides exceptional patient care.

**Safety**

- We ensure a safe environment for all and a highly reliable, effective care experience.

**Purpose**

The MHCGC regularly assesses processes, systems and outcomes produced by the QI/QA Plan integral to quality performance. The review of quality indicators, including benchmarks and baseline, is completed on a regular basis. Continuous Quality Improvement (CQI) involves
taking action as needed based on the results of data analysis and the opportunities for performance improvement.

Responsibility for quality begins with MHCGC. The MHCGC authorizes resources to support quality initiatives. The MHCGC assigns responsibility for quality programming to the Chief Executive Officer of the MHCGC, and to its Compliance and Quality Committee.

The Compliance and Quality Committee is responsible for:
- Prioritizing current quality initiatives and activities
- Ensuring a process is in place to complete a written needs assessment
- Reviewing patient satisfaction survey results
- Reviewing risk management activities to ensure providers are providing quality care
- Consistent monitoring of the Uniform Data System (UDS) clinical measures
- Quality assessment, planning and annual program /QI/QA evaluation

The Compliance and Quality Committee has leadership responsibility for this Plan. Certain tasks and activities will be carried out by the Ambulatory Quality Initiative Workgroup which includes the service lines below:
- Medical
- Dental
- Behavioral Health

The Ambulatory Quality Initiative Workgroup report findings of reviews and analyses to the CEO of the FQHC-LAL clinics and Dyad Committee providing outcomes and recommendations to the Compliance and Quality Committee. Summary reports are delivered by the Compliance and Quality Committee to the MHCGC for their review, feedback, and input.

**Structure: Responsibility, Accountability and Communication**

The MHCGC Compliance and Quality Committee is led by the CEO of the FQHC-LAL clinics and Chief of Staff/Chief Medical Officer and includes personnel from throughout the organization. The Compliance and Quality Committee includes representatives from administration, medical, and quality departments. Having representatives from across the organizational structure ensures system wide accountability and communication. Each service area participates on the Ambulatory Quality Initiative Workgroup. This group is responsible for the QI work plan.

The Director of Nursing for Ambulatory Services designated by the CEO and Chief Medical Officer oversees the QI Workgroup, ensuring that they work towards providing quality health care throughout the organization through quality improvement activities.

The Compliance and Quality Committee meets monthly. Formal minutes are maintained and contain the date, time and place of meetings, attendees with their title, matters discussed with specifics on data for the clinical measures, action plans to address problems/deficiencies, and responsible individuals for follow-up.
All FQHC LAL staff are active in performance improvement activities including serving as QI/QA Team members as appropriate, forwarding any quality concerns to the Committee, collecting data as requested by the Committee.

**Quality Assurance: Measuring Performance**

Information concerning important aspects of patient care is routinely collected. Data reports from the Electronic Health Record (her) and other systems are reviewed regularly for trends, achievement of objectives and comparisons. Clinic productivity is reviewed to determine progress in reaching documented targets for units of service. Random chart reviews are conducted by each service area Team to determine if they contain all required recording and documentation and show evidence of sound clinical practice.

Section 2.11 of the Co-Applicant Operational Arrangement between the Maricopa County Special Health Care District and the Maricopa Health Centers Governing Council has delegated governance of Physician Peer Review to the Maricopa County Special Health Care District Board of Directors whereby they shall ensure that clinicians who provide services in the FQHC Look-Alike clinics meet the District’s and its Medical Staff’s credentialing and privileging requirements and qualifications. Physician Peer Review is completed through Medical Staff Services. Each service line does have specific quality indicators that are reviewed upon re-credentialing to ensure those quality metrics are being met. “Based on the findings of Peer Review, clinical privileges may be modified or removed.”

Patient Satisfaction Surveys are conducted on an ongoing basis. Results are aggregated, and reports are generated quarterly for reporting and review purposes.

The following key Clinical and Financial performance measures required by the Health Resources and Services Administration (HRSA) Quality Improvement measures are among those monitored to assess quality performance:

- **Quality of Care**: access to prenatal care, childhood immunization, cervical cancer screening, colorectal cancer screening, depression screening and follow up, oral health, children and adolescent weight screening and follow up, adult weight screening and follow up, tobacco use screening and cessation, cholesterol treatment (lipid therapy for coronary artery disease), HIV linkage to care; Ischemic vascular disease and aspirin or other antithrombotic therapy.
- **Health Outcomes**: Outcomes for patients with diabetes, hypertension, birthweight of patients born to Health Center patients.
- **Value of Care**: total cost per patient, medical cost per patient;
Utilization of QA Results to Improve Performance

The Compliance and Quality Committee monitors the performance of selected Quality Indicators and uses these results to identify targeted areas that should be the focus of the quality improvement activities of the QI Teams or the Compliance and Quality Committee.

Once the performance is measured, assessed, and analyzed against internal and external targets, results are used to guide improvement initiatives. Action plans are formulated in conjunction with the clinical providers.

Once data has been collected and organized, it is evaluated to determine whether there is a problem and/or opportunity for improvement. Evaluation of the data determines if thresholds have been exceeded or if trends are apparent. Other forms of feedback beside exceeded thresholds, such as staff and patient reports or suggestions, standard benchmarks for that area of service, important single events, etc., can also be used to identify other opportunities to improve care.

The Compliance and Quality Committee is expected to use this information to inform and determine opportunities for improving performance and determining Quality Improvement initiatives for the QI Teams. These can be either reactive or proactive in nature and are focused on improving performance on a measurable outcome.

Quality Improvement

Quality Improvement initiatives are carried out by the QI Committee and utilize the Plan-Do-Study-Act (PDSA) method to set goals, establish measures, select changes, and test the changes identified.

The QI Committee develops a Work Plan that:

- Incorporates advice and direction of the Compliance and Quality Committee and MHCGC in the activities.
- Identifies the most important aspects of care.
- Determines goals, sets objectives, and projects outcomes for all PDSA activities.
- Identifies data to be collected, frequency of data collected, and persons responsible to collect the data.
- Incorporates advice and direction of the Compliance and Quality Committee and MHCGC in the activities.

Work Plans are updated as needed and a minimum, annually.
**PDSA Methodology**
The MHCGC utilizes the PDSA methodology for testing and implementing quality improvement; and continuously monitoring, evaluating, and improving processes. The plan is a patient-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The PDSA model followed is demonstrated below:

### Step 1: PLAN
- Develop the Quality Improvement and Quality Assurance (QI/QA) Plan and study the improvement opportunity based on the organization (system), population and services provided, and external requirements (e.g. HRSA, accreditation).
  - Identify priorities through discussion to clarify issues, problems, and processes
  - Establish a method and identify resources for data collection
  - Determine a measurement tool
  - Determine a target or benchmark
  - Assign team role in collecting and collating data
  - Include feedback from sources other than ongoing monitoring, such as data from patient/staff surveys, complaints, suggestions, etc.

### Step 2: DO
- Implement the QI/QA Plan and use the QI/QA Plan as the roadmap for implementing an integrated quality of care.
  - Perform the task of data collection from either chart reviews, process results
  - Keep within a time frame to collect the data
  - Enter the data on a collection tool for measurement
Step 3: STUDY
• Evaluate the QI/QA Plan – Collate the data
  – Compare to standards or benchmarks
  – Review the results (e.g. did you do what you said you were going to do? Why or why not? How can next year be better?)

Step 4: ACT
• Act on the lessons learned to revise the QI/QA Plan for the following year. – Implement changes to improve the results or processes
  – If results are on the target, or meet the benchmark, standardize the process to ensure the target/benchmark is continuously being met
  – Continue to study

Utilization of Appropriate Information System
The Compliance and Quality Committee will review EHR reports:
• To verify all Quality Indicators are being captured and performance measures are being met.
• Provide data integrity audits to verify that information in electronic records and databases correspond with required and expected information.
• To track diagnostic tests and other services provided to health center patients.

Confidentiality
Every patient is entered into our EHR system and is assigned a unique patient number.

Patient records are kept confidential and private in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Intake paperwork given to new patients in the waiting room include the Summary Notice of Privacy Practices (HIPAA) and the HIPAA Consent and Acknowledgement Form to sign. The signed HIPAA Consent and Acknowledgement Form is part of the patient record.

All staff sign a confidentiality statement upon hire where they agree to protect the confidentiality of any information they obtain during their employment and understand the circumstances under which they can reveal such information.

Patient medical records are not viewed or shared with any external provider or person(s) if the patient has not signed a FHCs Authorization for Release of Information form (even if the other provider has their own consent form signed by the patient). Signed Authorization for Release of Information forms are scanned into patient chart.

Staff profiles and navigation schemes in the EHR system are set up in accordance to their level of security clearance consent with their ability to view client charts.
**Accreditation/Licensure**

The MIHS Human Resources, Regulatory and Compliance Departments are responsible for making sure all accreditations, licenses, certifications, and scheduled maintenances are up to date. A report is generated annually with a list of accreditations, licenses, certifications, and scheduled maintenances along with dates of expiration. This report is provided to the Compliance and Quality Committee for inclusion in its report to the MHCGC.

**Quality Improvement and Quality Assurance**