



Policy: GG.1620  
Title: **Quality Improvement Health Equity Committee (QIHEC)**  
Department: Medical Management  
Section: Quality Improvement

*CEO Approval:* /s/ Michael Hunn 06/05/2024

Effective Date: 04/01/2013

Revised Date: 06/01/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy describes CalOptima Health's Quality Improvement Health Equity Committee (QIHEC) and the process by which CalOptima Health assures all quality improvement activities, including those identified in the Quality Improvement Health Equity Transformation Program (QIHETP), are performed, integrated, and communicated internally and externally and achieves the end results of optimal clinical outcomes for Members and Providers; satisfaction for Members and other customers; maintenance of quality standards, licensing, and contract and regulatory compliance; and continued health plan and Health Equity accreditation by the National Committee for Quality Assurance (NCQA).

## II. POLICY

- A. The Quality Improvement Health Equity Committee (QIHEC) is committed to the delivery of quality and equitable health care services and shall provide overall direction for the quality management and improvement process and ensure that activities are consistent with CalOptima Health's strategic goals and priorities. The QIHEC shall:
1. Ensure and improve the quality of Member care by objectively and systematically monitoring and evaluating the quality, timeliness, and appropriateness of clinical care and services provided to Members, and pursue opportunities for improvement;
  2. Design, manage, and improve all work processes that are related to clinical care, service, access, and quality in order to:
    - a. Improve quality of care received by Members;
    - b. Increase Member satisfaction;
    - c. Minimize rework and costs;
    - d. Minimize the time involved in delivery of Member care and service;
    - e. Improve organizational quality improvement functions and processes to both internal and external customers;

- f. Collect clear, accurate, and appropriate data to analyze problems and measure improvement; and
  - g. Coordinate and communicate department-specific and system-wide organizational information.
3. The QIHEC is responsible for the oversight of the Quality Improvement Health Equity Transformation Plan (QIHETP) and Quality Improvement Health Equity Work Plan.
- B. The QIHEC shall use a variety of Quality Improvement (QI) methodologies dependent on the type of opportunity for improvement identified (i.e., Plan/Do/Study/Act model).

### **III. PROCEDURE**

#### **A. Membership**

1. The QIHEC Chairperson shall be the CalOptima Health Chief Medical Officer, or Designee.
  - a. The Chief Health Equity Officer shall be the co-chair of the QIHEC.
2. The voting members shall consist of:
  - a. A minimum of four (4) physicians or practitioners, with at least two (2) practicing physicians or practitioners who are selected on the basis that will provide representation of active physicians from the CalOptima Health Provider Network, including but not limited to CalOptima Health Community Network (CHCN), Health Networks and the Community.
  - b. Physician or practitioner participants shall be in good-standing, with an unrestricted license, when applicable.
  - c. Physicians or practitioners participating in the QIHEC shall represent a range of practitioners and specialties from the CalOptima Health Provider network, including but not limited to hospitals, clinics, county partners, physicians, community health workers, other non-clinical providers and Members, and provide healthcare services to:
    - i. Members affected by Health Disparities;
    - ii. Limited English Proficiency (LEP) Members;
    - iii. Children with Special Health Care Needs (CSHCN);
    - iv. Seniors and Persons with Disabilities (SPDs); and
    - v. Persons with chronic conditions.
  - d. Behavioral Health County Representative;
  - e. CalOptima Health Chief Medical Officer (CMO) or Designee (Chair);
  - f. CalOptima Health Chief Health Equity Officer;
  - g. CalOptima Health Quality Improvement Medical Director;

- h. CalOptima Health Medical Directors;
  - i. CalOptima Health Behavioral Health Medical Director ;
  - j. CalOptima Health Deputy Chief Medical Officer;
  - k. CalOptima Health Executive Director of Quality Improvement;
  - l. CalOptima Health Executive Director of Equity and Community Health;
  - m. CalOptima Health Executive Director of Clinical Operations;
  - n. CalOptima Health Executive Director of Network Management; and
  - o. CalOptima Health Executive Director of Operations.
3. The following QI related committees or QIHEC chartered sub-committees shall report quarterly to QIHEC:
- a. Utilization Management Committee (UMC);
  - b. Pharmacy and Therapeutics (P&T) Committee;
  - c. Benefits Management Sub-Committee (BMSC);
  - d. Grievance & Appeals Resolution (GARS) Committee;
  - e. Credentialing and Peer Review Committee (CPRC);
  - f. Member Experience Committee;
  - g. Population Health Management Committee (PHMC); and
  - h. Whole Child Model Clinical Advisory Committee (WCM-CAC).
4. The QIHEC shall be supported by the following departments:
- a. Behavioral Health Integration;
  - b. Case Management;
  - c. Long Term Care;
  - d. Equity and Community Health;
  - e. Quality Analytics; and
  - f. Quality Improvement.

B. Quorum

1. A quorum consists of a minimum of six (6) voting members of which at least four (4) are physicians or practitioners. Once a quorum is attained, the meeting may proceed, and any vote will be considered official, even if the quorum is not maintained. Participation is defined as the attendance in person, participation by telephone or virtual.

C. The QIHEC shall meet at least eight (8) times per calendar year, and report to the Board Quality Assurance Committee (QAC) quarterly.

D. Participating members of the QIHEC shall complete the Committee Confidentiality Attestation in accordance with GG.1628: Confidentiality of Quality Improvement Activities. Participating members shall sign a Conflict-of-Interest Attestation and Conflict of Interest Disclosure form in accordance with CalOptima Health Policy GG.1656: Quality Improvement and Utilization Management Conflicts of Interest.

E. QIHEC Roles and Responsibilities

1. Reviews, contributes to, and approves the QIHETP and Utilization Management (UM) Programs and evaluations, and Quality Improvement Health Equity Work Plan Population Health Management (PHM) Strategy, and Culturally and Linguistically Appropriate Services (CLAS) program annually;
2. Reviews and reacts as needed to reports submitted to functional areas by entities as outlined in the Quality Improvement Health Equity Work Plan;
3. Analyzes, evaluates, and reacts as needed to the results of the QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other CalOptima Health committees;
4. Reviews of all Plan activities including quarterly reports for clinical, service, and patient safety studies;
5. Reviews and assesses compliance with Quality Improvement and Health Equity standards;
6. Assess outcomes of Health Effectiveness Data and Information Set (HEDIS), Stars, Consumer Assessment of Healthcare Providers and Systems (CAHPS), and other Member or practitioner satisfaction surveys with trending, analysis and company-wide interventions to drive improvements. Oversight of meeting submission requirements, selection of vendors, and development and distribution of interim and final reports;
7. Oversight of compliance issues including but not limited to timeliness of clinical care and services provided to Members;
8. Reviews and evaluates patterns of clinical care, care management activities and key utilization performance indicators;
9. Institute actions to address performance deficiencies and ensure appropriate follow-up of identified performance deficiencies;
10. Reviews and recommends policy decisions.

11. Provide the written QIHEC progress report that describes findings, recommendations and actions taken, progress in meeting QIHETP objectives, and improvements to the QAC on a quarterly basis.
12. Submit the written QIHEC progress report to DHCS upon request.
13. Make the written summary of the QIHEC activities publicly available on the CalOptima Health website on a quarterly basis.

F. The Chief Medical Officer and/or their Designee shall:

1. Report QIHEC activities to the QAC and Board of Directors, and
2. Shall be responsible for appointing an accountable entity or entities within CalOptima Health responsible for the oversight of the QIHETP.

G. The QAC shall be the governing body over the QIHEC and is responsible for annual approval of the QIHETP.

#### **IV. ATTACHMENT(S)**

Not Applicable

#### **V. REFERENCE(S)**

- A. CalOptima Health Policy GG.1628: Confidentiality of Quality Improvement Activities
- B. CalOptima Health Policy GG.1656: Quality Improvement and Utilization Management Conflicts of Interest
- C. Quality Improvement Health Equity Committee (QIHEC) Charter
- D. Quality Improvement Health Equity Committee (QIHEC) Structure Diagram
- E. Quality Improvement Health Equity Transformation Program

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
11/23/2015	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2022	Department of Health Care Services (DHCS)	File and Use
01/26/2023	Department of Health Care Services (DHCS)	Approved as Submitted
04/27/2023	Department of Health Care Services (DHCS)	Approved as Submitted
06/04/2024	Department of Health Care Services (DHCS)	File and Use

#### **VII. BOARD ACTION(S)**

<b>Date</b>	<b>Meeting</b>
10/03/2019	Regular Meeting of the CalOptima Board of Directors
05/07/2020	Regular Meeting of the CalOptima Board of Directors

## VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2013	GG.1620	Quality Improvement Committee	Medi-Cal OneCare
Revised	08/01/2015	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	12/01/2016	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	04/01/2017	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	03/01/2018	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	10/03/2019	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	05/07/2020	GG.1620	Quality Improvement Committee	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1620	Quality Improvement Committee	Medi-Cal OneCare
Revised	05/01/2023	GG.1620	Quality Improvement Health Equity Committee	Medi-Cal OneCare
Revised	06/01/2024	GG.1620	Quality Improvement Health Equity Committee (QIHEC)	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Health Equity	The reduction or elimination of Health Disparities, Health Inequities, or other disparities in health that adversely affect vulnerable populations.
Member	A beneficiary enrolled in a CalOptima Health program.
National Committee for Quality Assurance (NCQA)	<p><u>Medi-Cal</u>: An organization responsible for the accreditation of managed care plans and other health care entities and for developing and managing health care measures that assess the Quality of Care and services that Members receive.</p> <p><u>OneCare</u>: An independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.</p>
Plan-Do-Study-Act (PDSA)	The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Quality Improvement Health Equity Committee (QIHEC)	A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.