**2024**

**Quality Improvement and Health Equity Work Plan**

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**Introduction**

The Quality Improvement and Health Equity (QIHE) Program works to establish standards for the quality and safety of clinical care and service. The Program ensures the monitoring and evaluation of the adequacy and appropriateness of health care and administrative services. The QIHE Program supports opportunities to improve health outcomes, reduce health disparities and enhance member and provider satisfaction.

**Purpose**

The purpose of the 2024 CHPIV QIHE Work Plan is to describe a comprehensive, integrated process that ensures Members receive safe, high-quality safe medical care.

**Mission**

1. Ensure promotion of safe, high-quality care and services while maintaining full compliance with standards established by regulatory and accreditation agencies.
2. Systematically monitor services provided to Members to ensure adherence to professionally recognized standards of practice.
3. Support partnership between Members, Practitioners, Providers, Regulators and Employers to provide effective health management and facilitate appropriate use of healthcare resources and services.
4. Ensure the development of programs that improve Member, Practitioner, and Provider satisfaction.
5. Ensure promotion of operations that provide and protect confidentiality, privacy, and security of Member, Practitioner, and Provider information.
6. Ensure provision of means by which Members may seek resolution of perceived failure by Practitioners, Providers, and staff to provide appropriate services, access to care, or quality of care.
7. Ensure the development of strategies and processes designed to improve health equity and mitigate health disparities.

**QIHE 2024 Goals**

1. Establish standards and ensure optimal monitoring and auditing of the Plan’s QIHE Program.

While it is entirely responsible for all QIHE functions and activities for its Members, CHPIV delegates Quality Improvement and Health Equity functions and activities to an external Managed Care Organization partner, hereby designated as “The Plan”. To maintain responsibility over QIHE, CHPIV performs robust delegate oversight over the Plan. CHPIV’s QIHE Program, in conjunction with Compliance, will monitor the Plan’s QIHE functions on a monthly, quarterly, and yearly basis. If the auditing and monitoring process reveals areas of (significant) underperformance, CHPIV will establish corrective action plans (CAPs) that the Plan will be required to complete. The auditing and monitoring results will be summarized and presented to the Quality Improvement Health Equity Committee (QIHEC).

As CHPIV goes live in 2024, special attention shall be devoted to reviewing the effectiveness of CHIPIV’s delegate oversight process as it pertains to quality improvement and health equity.

1. Establish QIHE performance baseline.

Over the course of 2024, it will be important evaluate the Plan’s performance with regards to various QI and health equity functions and activities. This evaluation will help to establish a “performance baseline” that will allow CHPIV to perform future “compare and contrast” and gap analyses involving QI and health equity performance.

1. Ensure robust initiation of required Health Equity measures.

There are several aspects of health equity that remain the direct responsibility of CHPIV and must not be delegated.

1. Chief Health Equity Officer (CHEO)

Each Medi-Cal managed care plan is responsible for appointing a Chief Health Equity Officer. CHPIV has established a combined Chief Medical Officer/Chief Health Equity Officer (CMO/CHEO) position. The CMO/CHEO is responsible for QIHE Program activities, including delegate oversight of QIHE activities.

1. Quality Improvement Health Equity Committee (QIHEC)

The QIHEC is charged with monitoring medical management, health equity activities, and quality of care and services provided to Members, including identifying and selecting opportunities for improvement, and monitoring and evaluating the effectiveness of interventions. Since CHPIV delegates much of the QIHE functionality to Plan, including its Quality Improvement Health Equity Transformation Program (QIHETP), the QIHEC maintains oversight over the Plan’s quality improvement and health equity activities and functions. The CHPIV CMO/CHEO serves as Chairman of the CHPIV QIHEC.

1. Health Equity Strategy

The CMO/CHEO provides leadership in the design of strategies aimed at improving health equity and reducing health disparities, including:

1. Identification of health disparities.
2. Determination of root causes of health disparities.
3. Development of targeted interventions designed to reduce health disparities.
4. Establishment of metrics that can be used to identify health disparities and track the results of targeted interventions designed to reduce health disparities.

For 2024, regarding health equity strategy, the focus will be on the initial design, development, and implementation of processes to address each health equity component described above.

1. Diversity, Equity, and Inclusion (DEI)

DEI efforts promote the fair treatment and full participation of all persons, especially those groups who have historically been underrepresented or subject to discrimination based on identity or disability. The CMO/CHEO provides oversight over CHPIV’s DEI efforts. In particular, the CMO/CHEO is responsible for the provision of DEI training for all CHPIV staff. For 2024, the goal will be to establish a robust DEI Training Program for CHPIV staff. The CHPIV CMO/CHEO will work with health Net’s CHEO to oversee DEI efforts, including training, for downstream delegates and subcontractors.

1. Ensure appropriate progress towards National Committee for Quality Assurance (NCQA) Accreditation in both Health Plan Accreditation and Health Equity Accreditation.

CHPIV is responsible for direct oversight regarding NCQA Accreditation. Based upon the current timeline for accreditation, formal efforts will start after June 2024.

1. Evaluate Member access to health plan and CalAIM services.

One major goal of the QIHE Program will be to maximize Member access to Medi-Cal services. While it includes clinical services such as Primary Care and medical specialty appointments, the larger Medi-Cal service set also includes behavioral health and substance use disorder (SUD) services as well as services meant to address social determinants of health (SDOH). A basic, yet important, step towards maximizing access to services is to evaluate the current state of access. For 2024, an evaluation of the current state of Member access to Medi-Cal services will be completed.

1. Ensure completion of the Plan’s 2024 Process Improvement Projects.

As part of its 2024 Quality Improvement Health Equity Transformation Program (QIHETP) Work Plan, the Plan will be expected to introduce Quality Improvement Projects for Imperial County and CHPIV’s Member population. In 2024, CHPIV will work closely with the Plan to ensure that its Quality Improvement Projects are completed. For 2025, CHPIV and the Plan will work together to identify, develop, and implement future Quality Improvement Projects.