

Policy Name: Quality and Clinical Integration Committee – Composition and Functions Policy (HHP-04)

Effective Date:

Approved by the Board: [June 26, 2013]

Previous Versions: None

Approval Signature: _____



Name: Douglas Kwock, M.D.

Title: President/Chair

Definitions:

"Board" means the HHP Board of Managers.

"Committee" means the HHP Quality and Clinical Integration Committee.

"HHP" means Hawai'i Health Partners, LLC.

"HHP Hospital(s)" means Kapi'olani Medical Center for Women and Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital or such other acute or chronic care hospital in the State of Hawai'i, provided such hospital has entered into a written Participation Agreement with HHP to provide covered services to HHP patients.

"HHP Mission" means the goals and objectives described in Article III of the Participation Agreements.

"HHP Performance Improvement Policy" means the HHP policy and process for professional review and quality improvement to help Providers address and ameliorate clinical deficiencies.

"HPH" means Hawai'i Pacific Health.

"Medical Director" means the HHP Medical Director as defined by the Medical Director Job Description.

"Participation Agreement" means a written agreement with HHP to provide covered services to HHP Patients and includes any joinder agreement(s) signed by individual providers as part of a provider group.

"President/Chair" means the Board President/Chair of the Board.

"Provider" means a physician or allied health professional who has been credentialed and approved by the Board as a participant with HHP and has not had his or her Participation Agreement terminated.

Purpose:

This policy defines the Committee's membership and general operations, and the processes by which it reviews and analyzes quality metrics, adopts clinical guidelines, and promotes outcomes consistent with the HHP Mission.

Policy / Procedure:

I. Committee Composition

A. Eligibility Criteria and Appointment

1. The Committee shall consist of at least eight (8) members, of which at least four (4) must be primary care physicians. Preferably, the Committee shall include one primary care physician from each HHP Hospital and one member with information technology expertise.
2. Committee members are not required to be members of the Board.
3. The Committee shall consist of the following permanent members: the HPH Vice President; the HPH Patient Safety and Quality Services Director; and the Medical Director or designee.
4. The President/Chair shall appoint, subject to Board approval, all other Committee members, the Committee chair and the Committee vice chair.

- B. The term of each Committee member shall be two (2) years, and members can be reappointed by the President/Chair, subject to Board approval. There are no term limits imposed on individuals serving on the Committee.**

C. Committee member responsibilities include the following:

1. Regularly attend meetings;
2. Provide input and actively engage in discussions;
3. Review all background documents prior to each meeting; and
4. Accept individual tasks as assigned by the Committee.

II. Committee Operation and Function

- A. The Committee has been established to perform various functions including acting in the capacity of a quality improvement and peer review committee. The principal responsibilities and functions of the Committee shall include:**

1. Report to and make recommendations on quality and clinical integration matters to the Board;
2. Based upon relevant quality, utilization, and efficiency data analysis and evaluation, develop and implement a comprehensive work plan to establish priorities of projects;
3. Annually review the work plan and modify it as necessary to respond to changing priorities;
4. Review regular quality reports and trends in relation to, but not limited to, the incentive contract thresholds with payers and recommend interventions for those metrics not meeting thresholds;

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5. Implement evidence-based practice guidelines or collaborative health care processes through coordination and involvement of the HPH Clinical Guidance Committee for issues including but not limited to key chronic conditions, preventive services, and other high-cost diagnoses and episodes of care;
6. Continually monitor HHP's care protocols and ensure Providers are following the implemented evidence-based guidelines per the HHP Performance Improvement Policy;
7. Review and assess individual Providers' quality results per the HHP Performance Improvement policy;
8. Make recommendations related to adopting technology to support Providers at the point of care as they implement the evidence-based guidelines and ensure that up-to-date, timely, and accurate clinical decision-making support tools are available to Providers;
9. Actively solicit physician feedback on quality measures including but not limited to protocol adherence, care and disease management programs, and patient centered medical home design and practice expectations; and
10. Develop strategies to ensure patient participation in the clinical care process and take accountability for their individual health and wellness.

B. Committee Meetings

1. The Committee shall meet monthly.
2. Committee meetings can be in person or via any means of communication by which all Committee members can hear each other during the meeting.
3. Prior to Committee meetings, Committee members shall be provided all pertinent information needed to make informed decisions.

C. HPH and HHP shall provide the Committee with all resources necessary to pursue its authorized functions.

D. To the extent Committee proceedings and documents are considered peer review proceedings and records in accordance with applicable state law, such proceedings and recordings shall be privileged and confidential, and protected from discovery under applicable state law.

Related Documents:

Performance Improvement Policy (HHP-07)

Distribution: