

Overview and Requirements of HHP Clinical Workgroups

Guiding Principles:

Hawai'i Health Partners (HHP) clinical workgroups are established to increase targeted physician engagement with work required to improve quality, appropriateness, efficiency, and coordination of the delivery of care to patients covered by HHP payor agreements and ultimately all our patients, in a manner that is aligned with achievement of shared savings and optimal hospital quality performance.

Purpose and Goal:

The purpose of chartering an HHP clinical workgroup is to provide an incentive opportunity for HHP provider members to develop and promote the use of evidence-based clinical practices or behaviors that demonstrate a clearly articulated rationale for contributing to shared savings or to hospital quality performance under HHP payor agreements. The HHP Quality & Clinical Integration (Q/CI) Committee will provide high-level direction, support, and oversight to each workgroup in accordance with these expectations.

Reporting/Accountability:

Workgroups report to the HHP Q/CI committee and the HHP medical director; the committee in turn reports to the HHP Board of Managers. Chartered workgroups are expected to submit comprehensive reports to the chairperson of the HHP Q/CI committee on a quarterly basis. Chairs or their designee will be invited to present directly to the committee.

Physicians who participate in chartered workgroups are eligible to earn points under the HHP quality program. Meaningful participation and contribution through attendance at least 50% of meetings and through the demonstration of actual and verifiable work performed by workgroup members will determine points earned. Actual, verifiable work is defined as completing a workgroup task appropriate to the skills, education and/or training of a physician member that is documented in the minutes. Examples include researching and sharing evidence on appropriate use to the workgroup, presenting a case study to inform colleagues about a more efficient care delivery process/treatment method or leading a discussion with colleagues about reducing practice variation within the group. Attendance and meaningful participation must be performed by provider member and not by a staff proxy.

Preexisting workgroups may also apply for and be granted a charter if a) their objectives align with the Q/CI committee goals as they relate to shared savings and/or hospital quality, b) they are willing to provide reports and be accountable to the Q/CI committee, and c) the program does not repeat another existing program for which the physicians are already compensated. The Q/CI committee will review the proposed work group charter as they would any other project and decide on whether the work being proposed is sufficiently aligned with clinical workgroup guiding principles and objectives of the HHP Quality Program.

Composition:

Each workgroup shall consist of a chair, a recorder (can rotate amongst members), subject matter experts, and other system stakeholders or support personnel as appropriate. Members are approved by the Q/CI committee chair and must be HHP members. The chair of each workgroup shall be approved by vote of the HHP Q/CI Committee.

Member Selection Process:

All HHP members with a valid interest in joining a chartered workgroup are invited to offer their services to the workgroup; however, workgroup members will be invited by the workgroup chair on the basis of their domain knowledge germane to the workgroup's purpose (subject matter experts) and their stated willingness to assume some responsibility for both leadership and effort to achieve group objectives. Willingness to promote the group's efforts should be a major selection criterion. The workgroup chair will propose and be able to justify the list of invited workgroup members to the Q/CI committee for approval. Generally workgroups should include no more than 10 physicians.

Workgroup Chair Job Description:

Each workgroup chair is eligible to receive up to four points under the HHP Quality Program.

As such each workgroup chair must:

1. Ensure continued alignment of workgroup deliverables with shared savings and hospital quality performance interests
2. Report workgroup status updates to the Q/CI Committee on a quarterly basis or more frequently as needed
3. Develop specific expected outcomes and methods to track and measure progress.
4. Ensure adequate documentation of all workgroup related activities
5. Ensure sustained engagement and participation of workgroup members
6. Ensure workgroup produces stated deliverables in established timeline
7. Include a plan for communicating any clinical process change or implementation
8. Identify dependencies external to the workgroup and interact with the necessary departments or individuals to address the issue. (e.g., working with Epic project management to modify an Epic workflow).
9. Maintain a workgroup environment that welcomes all points of view, with a willingness to thoroughly discuss contentious or complex issues
10. Encourage support for decisions made by majority rule
11. Produce final document at the close of the workgroup summarizing work performed, results achieved, and lessons learned.

Role and Responsibility of the Q/CI committee:

The Q/CI committee has a responsibility to understand and ensure the following:

1. Regulatory requirements associated with incentivizing physicians for work performed under the auspices of the committee on an approved clinical workgroup project
2. Project charter includes a clear explanation as to how the work to be performed has a demonstrated ability to improve quality, appropriateness, efficiency, and coordination of the delivery of care to our patients covered by HHP payor agreements in a manner that is aligned with achievement of shared savings and optimal hospital quality performance.
3. An established process for chartering a workgroup as well as reviewing, approving, and monitoring the work of any project
4. The program does not repeat another existing program for which the physicians are already compensated
5. Projects do not present any conflicts of interest
6. Quarterly updates on the status of progress and continued alignment with stated objectives and alignment with guiding principles
7. Any changes to work proposed in the original charter are reviewed and approved by the committee.
8. Yearly renewal of project upon review for acceptable progress and continued alignment with stated objectives
9. Projects have reasonable timelines associated with the project
10. Each project has a comprehensive communication plan as a project deliverable
11. Fair and meaningful participation of all members of each workgroup
12. Workgroup chair performs duties as noted above
13. All activities are documented and submitted to the committee for review
14. Integrity of HHP Quality program points earned through the demonstration of actual and verifiable work performed by workgroup members.
15. Provide guidance and support to workgroup if needed
16. Comprehensive updates to the HHP Finance committee and Board as appropriate