

Clinical Quality Management Program Annual Report (CQMP AR)

1.0 ORGANIZATION OF THE CQMP AR

The CQMP AR should contain six sections organized as described below:

1.1 Description of CQMP Resources that includes the CQMP committee structure and personnel use, background, expertise, training, and reporting structure.

1.2 Description of Quality Improvement Initiatives (QIIs) that demonstrates an understanding of the purpose, structure, implementation, and documentation requirements.

1.3 Description of Research and/or Clinical Quality Studies (CQS) that demonstrates an understanding of the purpose, structure, implementation, and documentation requirements.

1.4 Summary of Patient Safety and Quality Issues (QIs) that delineates important categories or concerns, such as patient safety issues identified, QIs identified through Potential Quality Issues (PQIs), QIs identified through grievances/complaints, grievance/complaint cases received, severity levels enumerated and specified, number of cases at Level III and IV severity, number of Sentinel Events, and corrective action plans.

1.5 Summary of the TRICARE Quality Monitoring Contractor (TQMC) Interface with the contractor's CQMP that is timely and accurate for requested charts, quality concerns, and appeal cases.

1.6 Summary of the CQMP Interface with the Regional Director (RD) that demonstrates a proactive willingness on the part of the contractor to involve the Regional Director in the ongoing management and problem resolution activities of the contractor.

2.0 SPECIFIC CONTENT REQUIRED IN THE CQMP AR

The information below describes the specific content that should be included in each CQMP AR:

CQMP RESOURCES

- A. Table of Organization for the CQMP Department and Relationship to Senior Management/Board
 - 1. Number of positions by Full Time Equivalent (FTE) for each organizational listing
 - a. Requirements for each position

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- b. Education, training, experience
 - i. Credential/license
 - ii. Responsibilities of each position
- 2. Table of Organization for the Clinical Quality Management Committees
 - a. Name of each committee
 - b. Description of responsibilities
 - c. Frequency of meetings
 - d. Members
 - e. Additional technical expertise available on ad hoc basis
 - f. Staffing and reporting relationships
- B. Outcomes of Quality Improvement Initiatives (QIs)
 - 1. QII Proposal, Consideration, and Selection Process
 - a. Methodology used for identifying high priority topics
 - b. List of high priority topics developed
 - c. List of all QIs considered
 - d. Common template for information about QIs being proposed for consideration
 - e. Minutes from meetings in which potential QIs discussed
 - f. Minutes from meetings in which QIs were selected
 - 2. Rationale for Selection of QIs
 - 3. Format Describing QIs
 - a. Such as is used by the Centers for Medicare and Medicaid Services (CMS) as presented by TQMC in the Annual CQMP Report
 - 4. Details Provided in the Standard Format for QIs, such as used by CMS
 - a. Selection of the study topic
 - b. Definition of the study question(s)
 - c. Selection of the study indicators
 - d. Using a representative and generalizable population
 - e. Description of sound sampling technique (if sampling used)
 - f. Methodology to reliably collect data
 - g. Implementing interventions and improvement strategies
 - h. Analyze data and interpret study results
 - i. Plan for improvement
 - j. Plan for achieving sustained Improvement
- C. Outcomes of Research and/or Clinical Quality Studies (CQS)
 - 1. CQS Proposal, Consideration, and Selection Process
 - a. Methodology used for identifying high priority topics
 - b. List of high priority topics developed
 - c. List of all CQs considered
 - d. Common template for information about CQs being proposed for consideration

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- e. Minutes from meetings in which potential CQs discussed
 - f. Minutes from meetings in which CQs were selected
- 2. Rationale for Selection of CQs
 - 3. Format Describing CQs, such as is used by CMS and the TQMC used in previous reports
 - 4. Details Provided in the Standard Format for CQs, such as used by CMS
 - a. Selection of the study topic
 - b. Definition of the study question(s)
 - c. Selection of the study indicators
 - d. Using a representative and generalizable population
 - e. Use sound sampling technique (if sampling used)
 - f. Reliably collect data
 - g. Analyze data and interpret study results
- D. Summary of Patient Safety/Quality Issue (QI) Findings
- 1. Common Time Periods of Report and Activities
 - 2. Content Required
 - a. Contractor's Written Policies and Procedures Used to
 - i. Identify Potential Quality Issues (PQIs)
 - ii. Resolve identified problems
 - iii. Provide ongoing monitoring
 - b. Identification of All Medical Records Reviewed for Any Purpose During Year
 - i. Categories/reasons for medical records review
 - ii. PQIs per category
 - 1. Denominator - number of medical records reviewed for year
 - 2. Numerator - number of records with PQIs
 - 3. Rate of PQIs per category - Numerator divided by Denominator
 - c. Identification of All Care Managed/Observed/Monitored for any Reason During Year
 - i. Categories/reasons care managed/observed/monitored
 - 1. PQIs per category
 - a. Numerator/Denominator = Rate
 - 2. Why category is managed/observed/monitored
 - 3. How managing/observing/monitoring category resulted in improvement in the care provided to beneficiaries
 - 3. Sources of Information Input into CQMP and where described
 - a. Beneficiary-initiated reviews
 - i. Complaints
 - ii. Grievances
 - iii. Appeals
 - b. Clinician-initiated reviews

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- c. Facility-initiated reviews
 - i. Notification of peer review activities or credentialing activities
 - ii. Notification of QIs or PQIs
 - d. TQMC-initiated reviews
 - e. Administrative Purposes
 - i. Prepayment review
 - ii. Peer Review purposes
 - iii. Credentialing Purposes
4. Corrective Actions
- a. Standard format
 - b. Level of detail regarding intervention
 - i. Intervention description
 - ii. Actor
 - iii. Timing
 - c. Effectiveness Evaluation (To Be) Performed
 - i. When
 - ii. How
 - iii. Objective measures
 - iv. Interpretation of measurement
 - v. Rationale regarding closing or creating follow-up actions
 - vi. Follow-up actions
 - vii. If not completed in year of report, report in subsequent years
 - d. Attachment of CAPs to CQMP AR or not and deidentified or not
 - e. Periodic and systematic categorization of QIs and CAP outcomes
5. Common Measures for Network Performance
- a. Health Plan Employer Data and Information Set (HEDIS) measures
 - b. ORYX Core Measure performance as reported by hospitals in network, weighted by number of admissions for the time period
 - c. 30-day readmission rates for agreed upon conditions
 - d. Deaths after elective surgery
 - e. Admission rates, inpatient death rates, and/or 30-day post discharge death rates for specific conditions, such as:
 - i. Asthma
 - ii. Heart Failure
 - iii. Myocardial Infarction
 - iv. Stroke
6. Agreement on Benchmarks, Measure of Comparisons and Terms
- a. Benchmarks, such as
 - i. Health Grades
 - ii. Hospital Compare
 - iii. Institute for Healthcare Improvement (IHI)

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- b. Measure of Comparisons
 - i. Direct Care (DC)
 - ii. Commercial Managed Care Plans
 - iii. Other Reports Posted on the Internet as transparent, e.g., State of Minnesota
- c. Terms and Definitions
 - i. Grievance
 - ii. Complaint
 - iii. Patient Safety Event
 - iv. PQI
 - 1. Are medication errors included or not included
 - v. QI
 - vi. Corrective Actions
 - vii. Action Plans
 - viii. Severity Levels (I-IV)
 - ix. Sentinel Events
 - x. Categories developed and used for activities and terms
- E. Summary of TQMC Interface with the CQMP
 - 1. TQMC Findings as Reported in the Monthly Report
 - a. Number of Findings of QIs by the TQMC
 - b. Response to TQMC-Identified Findings
 - i. Timeliness
 - ii. Numerators and Denominators By Category
 - 1. Not a TRICARE benefit
 - 2. DRG coding irregularity
 - 3. Other coding irregularity
 - 4. Prior Authorization or Prepayment Review
 - 5. Medically inappropriate care
 - 6. Quality findings
 - a. Length of stay
 - b. Nationally-accepted Quality Measures
 - c. Other quality events
 - d. Harms
 - 7. Patient Safety Events
 - 8. Potentially Avoidable Hospitalizations
 - iii. Numerators/Denominators/Rates by Category
 - 1. Agreed with
 - 2. Partially disagreed with
 - 3. Disagreed with
 - 4. Of those partially disagreed with or disagreed with had final determinations of QIs
 - c. Response to Final Determinations
 - i. By Category
 - ii. Interventions

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- iii. Effectiveness of interventions
- 2. Retrospective Case Review Charts Requested by TQMC
 - a. Number requested
 - b. Number provided
 - c. Number timely
- 3. TQMC Discussion of CQMP as Reported in the Annual CQMP Report
- 4. Appeals
 - a. First Level Appeals
 - i. Number received by category
 - ii. Number approved by category
 - iii. Number denied
 - 1. Reason by category
 - 2. Rate by category
 - iv. Timeliness - by category
 - v. Evaluation of appeals and decision-making by category
 - b. Second Level Appeals
 - i. Number received by category
 - ii. Number overturned - rate by category
 - iii. Number upheld - rate by category
 - iv. Timeliness - by category
 - v. Evaluation by decision-making and category
 - c. Appeals to TQMC
 - i. Number Requests For Information (RE received)
 - ii. Timeliness of providing RFI
 - iii. Number withdrawn
 - 1. By reason
 - 2. By category
 - iv. Number Dismissed
 - 1. By reason
 - 2. By category
 - v. Number overturned - rate by category
 - vi. Number upheld - rate by category
 - d. Appeals to TMA Appeals & Hearings (A&H)
 - i. Number by decision type
 - ii. TMA decision by type
 - iii. TMA decision by reason
 - 1. Including number denied as not a benefit or which were overturned for Medical Necessity and Appropriateness of Care Issues
- 5. Mental Health Facilities TRICARE-Certified
 - a. Number by Provider Type

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 7, Addendum D
Clinical Quality Management Program Annual Report (CQMP AR)

- b. Change over Year
 - c. Incidents
 - i. Number reported by category
 - ii. Investigations
 - iii. Corrective Action Plans
 - iv. Effectiveness monitoring of corrective actions
- F. Summary of CQMP Interface with the Regional Director
- 1. Interactions
 - 2. Liaison Positions
 - 3. Committee Meetings
 - a. Frequency
 - b. Minutes
 - c. Participants
 - 4. Actions
 - a. Follow-up planned
 - b. Follow-up performed

- END -

