



## Quality Improvement Program: Overview

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**Quality: A  
Key Concept  
with the  
BlueChoice  
Network**

Quality improvement is an essential element in the delivery of care and services by BlueChoice Network health care professionals. To define and assist in monitoring quality improvement, the BCBSTX Quality Improvement Program (QIP) focuses on measurement of clinical care and service delivered by BlueChoice Network providers against established goals.

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## Quality Improvement Program: Overview, Continued

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### **Objectives of the Quality Improvement Program**

The BCBSTX Quality Improvement Program is an integrated process designed to continually monitor, evaluate, and improve the care and service provided to BlueChoice subscribers.

The BCBSTX Quality Improvement Program objectives are designed to assist in meeting BCBSTX goals. Following are the objectives:

- Facilitate the achievement of public health goals for disease prevention and safety.
- Identify opportunities to improve the outcomes of medical and behavioral health care and service available to BCBSTX subscribers.
- Develop, implement, and monitor action plans to improve medical and behavioral health care and BCBSTX services.
- Provide regular communication with BCBSTX subscribers and providers on issues of quality medical care to promote improvements in the health status of subscribers and satisfaction with BCBSTX services.
- Strengthen the system of documentation of quality improvement-related information, enabling identification of opportunities and demonstrated effectiveness.
- Monitor and improve compliance with accreditation standards and regulatory requirements governing managed care organizations.
- Develop and distribute subscriber information that improves knowledge regarding clinical safety as it relates to self care.
- Integrate mechanisms for evaluating clinical safety into existing quality improvement activities.
- Include behavioral health physicians and providers in the development, monitoring, and evaluation of policies, procedures, guidelines, standards, and interventions to improve outcomes.
- Facilitate continuity of care between physicians and providers to promote exchange of information, appropriate diagnosis, treatment, and referral of medical, as well as behavioral health disorders.

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## Quality Improvement Program: Overview, Continued

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### Quality Initiatives

- Implementing interventions/initiatives designed to improve the overall health of plan subscribers. Examples of interventions include:
  - Adult, Childhood, and Adolescent Wellness Guidelines.
  - Prenatal Care Guidelines.
  - Birthday reminder cards at 1 yr., 18 mos., 12 yrs. to encourage immunizations and preventive care. Additionally, birthday cards are distributed to females 40 years of age and older and males 50 years of age and older to encourage age/gender specific preventive care.
  - New parent packets to encourage timely immunization of children under the age of two years.
  - Hospital Quality Program.
  - BCBSTX Web site, which provides information related to health and wellness ([www.bcbstx.com](http://www.bcbstx.com)).
  - Targeted mailings encouraging breast, cervical and colorectal cancer screenings, as well as the administration of the pneumococcal vaccine.

For additional information about the above-mentioned interventions or to request samples, please contact the Quality Improvement Program Department:

**Toll-free at 1-800-863-9798**

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# Support Provided to the Quality Improvement Program

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## Introduction

The Quality Improvement Program is supported by the Quality Improvement Department, Medical Directors, Texas Medical Advisory Committee, and Facility Provider Network Representatives.

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## Medical Director

- Facilitates communications of quality improvement activities with BlueChoice health care professionals.
  - Serves as a liaison between BCBSTX and BlueChoice providers.
  - Chairs the Facility Professional Credentialing Committee to facilitate initiatives, including credentialing and review of quality of care issues.
  - Participates in the development and periodic review of policies, procedures, practice guidelines, clinical criteria, QI outcomes study, and initiatives utilized in the BCBSTX Quality Improvement Program.
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## Quality Improvement Committee

The BCBSTX Clinical Quality Improvement Committee (CQIC) oversees the development, implementation, and evaluation of required quality improvement activities. The committee conducts regularly scheduled meetings, and is composed of Medical Directors, Network Physicians, Health Plan member representatives, and representatives from key departments in BCBSTX. The committee reviews and provides input on issues that are presented to the CQIC (QI Committee).

The specific responsibilities of the committee include:

- Centralize and coordinate the integration of all quality improvement activities.
  - Adopt clinical practice guidelines and general standards of care and policies of medical practice based on current medical evidence, BCBSTX's demographics, and other local/regional factors.
  - Analyze and evaluate summary data from the quality improvement activities and make recommendations for improvement.
  - Institute needed actions.
  - Ensure follow-up, as appropriate.
  - Review and approve the annual QI Program Evaluation, Work Plan, and updates to the QI Program Description.
  - Recommend policy decisions.
  - Monitor activities of all contracted agencies to which BCBSTX delegates quality improvement, utilization, credentialing, or customer service activities.
  - Review outcome measurement and improvement results.
  - Review results from the population based studies to assess patterns/trends derived from statistical data, which identify opportunities for improvement.
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## Support Provided to the Quality Improvement Program, Continued

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**Facility  
Provider  
Network  
Representative**

- Facilitate adequate access for subscribers to a full continuum of appropriately credentialed providers.
  - Coordinate the provider recruitment, servicing, and credentialing activities.
  - Communicate with and provide education for BlueChoice providers regarding Quality Improvement activities.
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**Quality  
Improvement  
Department**

- Perform quality initiatives to improve quality of care and service.
  - Perform analysis of population assessments and quality codes, which may reflect unexpected outcomes.
  - Promote preventive health activities.
  - Implement and monitor adherence to guidelines.
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**Hospital Quality  
Committee**

- Collect and analyze data related to hospital performance in order to identify opportunities for improvement.
  - Address patient safety issues.
  - Collaborate with network hospitals to improve care and service to members.
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## Patient Appointment Access Standards

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**Standards**

BCBSTX has established the following appointment access standards:

Access Measure	Primary Care Physician (PCP)	Performance Goal	Specialty Care Physician (SCP)
Emergency Care	Perform immediate triage during office hours and have a method for directing patients to alternative care after hours	90%	Method for handling immediate triage during office hours and for directing patients to alternative care after hours
Urgent Care	Within 24 hours	90%	Within 24 hours
Symptomatic Nonurgent Care	Within 5 days	90%	Within 5 days
Annual Physical Exam	Within 30 days	90%	Not Applicable
Initial New Patient Visit	Within 30 days	90%	Within 30 days
In-Office Wait Time	Within 30 minutes	90%	Within 30 minutes
After Hours Access	Immediate	90%	Not applicable

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## Patient Appointment Access Standards, Continued

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### Definitions

- **Emergency Care:** Health care services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity including, but not limited to, severe pain that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in:
    - placing the patient's health in serious jeopardy,
    - serious impairment to bodily functions,
    - serious dysfunction of any bodily organ or part,
    - serious disfigurement, or
    - serious jeopardy to the health of the fetus in the case of a pregnant woman,.
  - **Urgent Care:** Medical care for a non-life-threatening, but symptomatic condition which, if untreated within 24 hours, could lead to a potentially harmful outcome.
  - **Symptomatic Nonurgent (Routine) Care:** Medical care for a patient with symptoms that is not emergent or urgent.
  - **Annual Physical Exam:** Wellness exams for adults or children/adolescents.
  - **Initial New Patient Visit:** A “get acquainted” visit with PCP or initial SCP visit for nonurgent symptoms.
  - **In-Office Wait Time:** The average number of minutes the subscriber must wait from the scheduled appointment time until the time the subscriber is seen by the physician.
  - **After Hours Access:** PCPs will have a verifiable mechanism in place for directing patients to alternative after hours care based on the urgency of the patient’s need. Mechanisms may include: answering service; recorded message that directs patient to alternative provider, if applicable; or other contact number for immediate response.
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