

	Title: Performance Monitoring and Accountability	
	Policy Number Q-01	Original Date Issued: May 11, 2016
	Date Reviewed: November 2, 2022	Date Revised: November 2, 2022
	Approved By: TCCN Board of Directors	

I. POLICY:

The purpose of this policy is to describe The Children’s Care Network (TCCN)'s approach to monitoring physician compliance with, and performance of, Clinical Integration (CI) program requirements and the remediation of that performance as necessary. TCCN is committed to:

- Providing education on all CI and quality programs and TCCN expectations to participating physicians (“physician”)
- Identifying and resolving barriers to compliance
- Developing remediation plans where necessary to bring participating physicians into compliance
- Terminating participating physicians who fail to meet TCCN performance standards if remediation efforts are unsuccessful

Under the direction of the Quality Committee, clinically integrated providers agree to comply with TCCN quality initiatives and CI programs that have been approved by the TCCN Board of Directors. Failure to comply with program requirements or satisfy performance standards will result in educational efforts, remediation, and/or removal from the TCCN, as needed.

II. PERFORMANCE MONITORING PROCEDURES:

TCCN monitors physicians and practices to ensure timely completion of required clinical integration (CI) program elements and satisfactory performance in the quality program.

1. With the input of clinically integrated physicians on the TCCN Quality Committee and its subcommittees, community leaders in quality, and payor partners, quality improvement and utilization management metrics are developed, and targets are set based on evidence-based best practices and guidelines. (Reference Quality and Care Management Program Development procedure for full metric development process and criteria.)
 - a. Network SMART aims are developed for each required metric and adjusted no less than annually based on network performance.
 - b. Clinically integrated physicians must record the clinical outcomes of approved quality metrics and/or modified practice patterns through the submission of pre-adjudicated claims data within 14 calendar days or other approved reporting modality no less than quarterly. TCCN also tracks performance using paid claims data in collaboration with contracted payor partners when such data is available to track appropriate utilization and cost savings.



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c. Launch materials for approved clinical quality improvement initiatives include metric definitions, clinical rationale, relevance to clinical integration efforts, quick start guides and/or best practices, reporting frequency, and if applicable, timeframe within which to achieve the target.

i. Annual primary care program attestations listing each required performance metric, target, and minimum standard are distributed to each primary care practice’s Quality Champion in the first quarter of each year. One representative from each primary care practice is required to return the attestation which documents the practice’s acceptance of the metrics and targets for the current year.

ii. Subspecialty practices are required to submit SMART aims for improving performance on metrics specific to their subspecialty.

d. After launch of a clinical quality improvement initiative, TCCN staff monitors rates of metric adoption and progress toward the designated performance target no less than monthly. Scheduled outreach to practices for education, coaching for underperformance, and the distribution of actionable recall reports are documented by TCCN staff on an annual quality program work plan which is reviewed no less than monthly.

e. Quality metric performance is reported at the network, practice, and provider levels (if applicable) to the impacted network Quality Champions via metric-specific scorecards no less than quarterly. The scorecard shows each practice’s level of performance compared to that of the network. Network performance updates are presented to the Quality Committee no less than semi-annually.

f. Educational support to improve practice and provider performance is provided directly through the practice’s Quality Champion and/or network-wide through an in-person or virtual educational program.

2. Required elements other than metrics in support of TCCN’s quality improvement strategy may be developed and implemented at the recommendation of the TCCN Quality Committee. (Reference **Policy Q-02: Determination of Required Clinical Integration Program Elements.**)

a. After the launch of a program or initiative, TCCN staff monitors completion of required elements and progress. Each program or required element will have a specified deadline for expected completion not to exceed 12 months. Member and practice efforts are documented in the compliance tracking system.

b. Completion rates of required elements is tracked at a network level, practice level, and individual physician level, if applicable.

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3. TCCN staff monitors network participant usage of HIT systems implemented to meet the goals of the organization no less than annually to evaluate the need for further provider training or other interventions. HIT systems monitored for use include the following:

- a. accessCHOA – A functionality offered through Children’s EPIC EMR system that is available to all TCCN members and is used by primary and specialty care doctors to get contemporaneous information on their patients and to aid in communication regarding patient care. The platform is used to share patient-specific data related to treatments, visits, referrals, and orders. TCCN staff tracks whether each practice maintains an active login, which deactivates if not used at least once every 90 days.
- b. TCCN email system – Practice-level open rates are tracked to ensure that critical communications are reaching their intended audience to fulfill network requirements.

III. REMEDIATION PROCEDURES:

Physicians and practices not in compliance with TCCN evidence-based medicine, efficiency, care coordination, quality improvement and performance reporting requirements are reviewed by TCCN staff and by physician peers in a stepwise process that will either result in compliance or expulsion from the network.

A. Clinical Underperformance: A member or practice not meeting agreed upon performance targets in a timely manner will be managed as described below.

1. TCCN staff examines physician and/or practice progress toward meeting approved quality metric targets at regular intervals, according to the nature of the target. If a physician or practice is deemed to be in danger of missing their target, remediation efforts are initiated.

- a. The TCCN Quality Team, working through the Quality Champion, provides guidance to the individual practice quality team to identify barriers and develop new strategies, using applicable formal methods of quality improvement such as IHI, Lean and Six Sigma.
- b. Such efforts are documented by senior leadership, who have the primary responsibility for the remediation process and the authority to grant an initial accommodation.
- c. The initial remediation plan and/or accommodation is acknowledged by the Quality Champion of the practice.

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2. If a target is then not met, the Subspecialty Subcommittee or Primary Care Advisory Council or other approved work group reviews the physician and/or practice’s efforts. A determination is made whether to adjust the target or refer the matter to the full Quality Committee. Written notice of the referral to the Quality Committee, including an offer to present their case, is provided to the physician with a copy of the notice also provided to their group within seven (7) business days of the decision to refer the matter to the Quality Committee.

3. The Quality Committee reviews the case documents and hears the physician/practice presentation (if requested). Quality Committee may choose to grant an extension or modify a target. If an extension is granted for further remediation, or a modification made to a target, a plan of action is signed by the affected physician and practice owner acknowledging understanding and acceptance of the plan. If no extension or modification is granted, the matter is elevated to the Executive Committee.

4. The Executive Committee can grant an accommodation. If an accommodation is granted, the practice receives a notice that includes the time period, the reassessment process, and the method of reporting the outcome of the reassessment, along with a warning that membership may be in jeopardy unless remediation is successfully completed.
 - a. Once the physician and/or practice has demonstrated sufficient improvement in performance as specified in the accommodation notice, the physician and practice are notified that membership is no longer in jeopardy and full membership is retained.
 - b. If progress is deemed insufficient, Executive Committee sends a recommendation to the Board to consider termination.

If no accommodation is granted, a recommendation for possible termination of the physician or practice is made to the Board of Directors.

B. Non-Compliance with Required Program Elements: A physician or practice that fails to comply with a required element of a TCCN quality initiative or CI program are managed as described below.

1. Those physicians or practices deemed non-compliant with required CI program elements are referred to the Compliance Officer and notified of their non-compliance, with documentation placed in the compliance tracking system.

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2. Compliance Officer and/or TCCN staff help the physician or practice determine and overcome barriers for completion. If no resolution is achieved within 10 business days, the matter is elevated to senior management.
3. Senior management contacts the practice directly within 5 business days. If response yields extenuating circumstances, senior management can offer additional time for completion of required elements. If an extension or other accommodation is granted, such extension (preferred maximum of 30 calendar days) is documented in writing and agreed to by the practice, with the documentation acknowledged by the Quality Champion.
4. If no response within 5 business days after contact, then issue is elevated to the lead physician for the practice or discipline. If the lead physician is the Quality Champion, then the issue is elevated to the next level immediately.
5. The lead physician has 7 business days to bring Quality Champion into compliance. If non-compliant after 7 business days, then the clinical issue is escalated to the Quality Committee for review.
6. If an extension is not granted, and compliance with the required element is not met, there are two pathways for action. Senior management will document a summary of interactions with the member or practice.
 - a. In the case of a clinical issue affecting compliance, the issue is elevated to the Quality Committee where the physician or practice is offered an opportunity to state their case. After such hearing, if the Quality Committee feels a further extension is warranted, a time limited extension of up to 6 months may be granted. If no extension is granted, or the practice declines a hearing, the matter is elevated to the Executive Committee
 - b. If there is no clinical issue affecting compliance, the matter is sent directly to the Executive Committee
7. The Executive Committee reviews the case and either grants an accommodation for compliance or recommends consideration of termination of the physician or practice to the Board of Directors. If an accommodation is granted, the practice will receive a notice that will include the time period, the reassessment process, and the method of reporting the outcome of the reassessment, along with a warning that membership will be in jeopardy unless remediation is successfully completed. Failure to become compliant under a final accommodation offered by Executive Committee will result in an automatic referral to the Board of Directors.
8. The Board of Directors is the ultimate arbiter of ongoing membership. Any termination

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proceedings shall be considered a confidential matter.

IV. TERMINATION

1. The Board of Directors is the ultimate arbiter of membership. Termination proceedings are considered a confidential process.
2. In the event that an individual physician has been terminated, a group may remain in the network if the physician can be successfully isolated from network contracts and patients.
3. Individual physician termination can lead to group probation or termination under the following circumstances:
 - a. Group has failed to support the network remediation process
 - b. Group has other physicians with poor performance
 - c. Group has failed to isolate the terminated physician
4. Physician has the option to appeal a termination decision, but following consideration, the Board's determination is considered final with no further appeals.
5. Termination falls under the "With Cause" termination provisions of the Membership and Participation Agreement, with the effective date of termination to be sixty (60) days following the termination decision.

V. CONFIDENTIALITY

Proceedings and deliberations of the Quality Committee, the Executive Committee, and the Board in accordance with this Policy shall be held in strict confidence and shall not be disclosed to any third party. To the fullest extent of applicable law, it is the intent of TCCN that, when acting in this capacity, each of the Quality Committee, the Executive Committee, and the Board shall be a "review organization," as defined in O.C.G.A. §31-7-131; the participants therein shall be entitled to immunity from liability as provided by O.C.G.A. §31-7-132; and the proceedings and records thereof shall be entitled to the protections described in O.C.G.A. §31-7-133.

VI. IMMEDIATE SUSPENSION

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If the TCCN senior leadership, staff, or a Board member becomes aware of any situation regarding a participating physician that could be considered a danger to patients, the Executive Director and Chairperson of the Board may issue an immediate suspension of membership, pending investigation of the reported concerns.

VII. REINSTATEMENT

There will be a waiting period of one year before a terminated physician or practice can reapply to become a participant of the Network. To be eligible for reinstatement, the physician or practice shall be required to demonstrate reasonable commitment to quality improvement practices to the satisfaction of the Quality Committee and the Executive Committee. Following satisfaction of this requirement, the application of the physician or practice to be reinstated shall be brought before the full Board in the same manner as though the physician or practice were applying for initial membership.

NOTE: Related Policies

- Q-02: Determination of Required Clinical Integration Program Elements
- Q-03: Communication of Required Clinical Integration Program Elements